



<b>Title</b>	Regional Competency Framework for Prescribing Systemic Anti-Cancer Therapies (SACT)
<b>Developed By</b>	HSCB Non-Medical Prescribing Implementation Group NICaN NMP Task and Finish Group
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<b>Endorsed By</b>	NICaN SACT CRG NICaN Haematology CRG NICaN NMP Task and Finish Group HSCB Non-Medical Prescribing Implementation Group
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## 1. Introduction

The systemic management of cancer involves use of a wide range of agents. For simplicity, these agents will be collectively referred to as systemic anticancer therapies (SACT).

For safe and effective use, it is essential that those prescribing these agents have a thorough working knowledge of their mode of action, metabolism and potential side effects. The prescriber must also understand how patient-related factors may necessitate dose or schedule alteration.

The need for formal assessment of and documentation of competency in prescribing SACT is based on the following:

1. National Chemotherapy Advisory Group (NCAG - [www.nelm.nhs.uk](http://www.nelm.nhs.uk)): In response to the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) report ([www.ncepod.org.uk](http://www.ncepod.org.uk)), NCAG suggested that prescribing, prescription verification and dispensing of cytotoxic SACT should only be undertaken by appropriately trained staff. In addition all SACT services should maintain up to date lists of staff who are authorised to prescribe, check prescriptions and dispense SACT.
2. The training curricula for both medical ([https://www.gmc-uk.org/-/media/documents/2017-medical-oncology-curriculum-final\\_pdf-71647824.pdf](https://www.gmc-uk.org/-/media/documents/2017-medical-oncology-curriculum-final_pdf-71647824.pdf)) and clinical oncology ([https://www.rcr.ac.uk/sites/default/files/2016\\_curriculum\\_-\\_clinical\\_oncology\\_15\\_november\\_2016.pdf](https://www.rcr.ac.uk/sites/default/files/2016_curriculum_-_clinical_oncology_15_november_2016.pdf)) have mandated that competence in prescribing SACT be formally assessed. Similar requirements for safe prescribing are outlined in the haematology curriculum.
3. The increasing role of the non-medical prescriber (NMP) in the prescribing of SACT and supportive treatments for cancer therapy has been widely considered a key approach to enhancing the patient pathway and as such it is important to ensure that the knowledge and skills required to prescribe

competently and safely are common to all prescribers and assessed in a uniform fashion.

## **2. Scope**

This competency framework for prescribing SACT will be used to underpin professional responsibility when prescribing SACT. It reflects the key competencies required by all prescribers and will provide organisations with a framework for the provision of training and competency assessment in SACT prescribing

### **Please note:**

- Competencies are regionally agreed and as such will be transferrable across all Trusts in Northern Ireland
- All new staff including locums MUST have their competency record countersigned by the designated lead oncologist / haematologist within their Trust of employment
- Ratification of prescribing competency record MUST be undertaken by the medical team
- All new and locum staff will be required to submit their prescribing competency record to the pharmacy department for inclusion on the Trust SACT Prescribing Register.
- When approved as competent prescribers relevant prescribing rights will be issued on the Regional Information System for Oncology and Haematology (RISOH) by the regional team
- All non-medical prescribers must be approved by the Trust NMP Panel and be recorded on the Trust Non-Medical Prescribing register to prescribe SACT

The Trust position is that it accepts liability for the action of those employed practitioners who;

- have completed the identified training for this skill
- are deemed competent by their clinical supervisor
- have kept up to date with their knowledge and skills in relation to SACT prescribing as required

- are familiar with the SACT Clinical Management Guidelines (CMGs), SACT protocols and all other associated SACT policies which underpin the delivery of SACT within their Trust area, all of which are available on NICaN Sharepoint at: <https://community.sharepoint.hscni.net/sites/nican/risoh/cmgs/SitePages/Home.aspx> and
- The NICaN Website at: <https://nican.hscni.net/>

It is the responsibility of each Trust to

- Monitor attendance for all participants completing the NI SACT non-medical prescribing training.
- Submit details of all newly qualified and competent SACT non-medical prescribers for inclusion on the Regional SACT NMP Register to RISOH Lead Pharmacist.

### **3. SACT Prescribing Levels of Competency**

In seeking to formalise the assessment and recording of SACT prescribing we have described three levels of competency. It should be noted that junior medical staff at Foundation Year 1(FY1), Foundation Year 2 (FY2), Specialist Registrars 1 and 2 (StR1 and StR2) should not be authorised to prescribe SACT.

**Level 1** Prescribers are able to prescribe SACT from the second and subsequent cycles, but all prescriptions will require a countersignature from a Consultant or SACT competent registrar. All incoming registrars (StR3 and above) and non-medical prescribers will begin at Level 1.

**Level 2** Prescribers are able to prescribe SACT from the 2<sup>nd</sup> and subsequent cycles and do not require a countersignature. Prescribers at Level 2 may not initiate SACT.

**Level 3:** Prescribers are able to prescribe all cycles of SACT including the initiation of SACT whilst prescribing within local guidelines. Level 3 NMP can only initiate SACT regimen that has been documented by the patients Consultant. Decision to treat must lie with the patients Consultant.

### 3.1 Knowledge and Skills

This document also provides a regional standardisation of the fundamental skills and knowledge required to safely prescribe SACT.

All prescribers will be required to have the following key knowledge required for prescribing at all levels and before commencing as a Level 1 prescriber;

- Have completed the necessary training in pharmacology as outlined in the medical oncology/ clinical oncology/ haematology curriculum
- **OR** have achieved Post Graduate qualification in Non-Medical Prescribing.
- Are familiar with the local prescribing system and have completed the necessary RISOH mandatory training
- Have 5 years' post registration experience to include 3 years in haematology or oncology (for NMP only, not medical prescribers)

The following guidelines and policies underpin best practice for all disciplines involved in the delivery of SACT and are intended to safeguard both patients and staff, and as such all professions involved in the-prescribing and of SACT should be familiar with the following:

- NICA<sup>N</sup> Guidelines for the Safe Prescribing, Handling And Administration Of Systemic Anti-Cancer Therapies
- NICA<sup>N</sup> Guidelines for Management of SACT Hypersensitivity Reactions
- Common Terminology Criteria for Adverse Events CTCAE”
- Acute Oncology Clinical Guidelines (NICA<sup>N</sup>)
- NICA<sup>N</sup> Guidelines for the Management of Oncology/Haematology Adult Patients With Neutropenic Sepsis
- NICA<sup>N</sup> Guidelines for the use of granulocyte colony stimulating factor GCSF in adult oncology and malignant haematology
- NICA<sup>N</sup> Guidelines for the Management of SACT Extravasation
- CRUK Regimen Specific Consent Forms
- NICA<sup>N</sup> Regional Antiemetic Guidelines for Adult Patients Receiving Systemic Anti-Cancer Treatment and Radiotherapy
- RISOH NICA<sup>N</sup> Disease Specific SACT Protocols

All SACT prescribers as part of the competency declaration, must confirm that they have read and understood all relevant SACT guidelines, protocols and policies associated with the delivery and prescribing of SACT.

### **3.2 Level 2 Prescribing Competency Requirements**

In addition to the key fundamental skills and knowledge detailed in Section 3.1, all SACT prescribers must fulfil the following to achieve a Level 2 prescribing competency;

- Attend SACT clinics and prescribe 2nd & subsequent SACT cycles as a level 1 prescribers for at least 15 patients
- These prescriptions will require a counter signature by a consultant or "SACT competent" registrar. (Details of these prescriptions will be recorded on a competency log as detailed in Appendix 1)
- Satisfactorily completed a Mini-Clinical Evaluation Exercise (CEX) or relevant assessment for level 2 prescribing

Prescribers will be signed off as Level 2 competent by their Training Programme Director (TPD), Educational Supervisor or Clinical Supervisor when they have completed the above using the Competency Declaration Form detailed in Appendix 2.

### **3.3 Level 3 Prescribing Competency Requirements**

CEL30 (2012) Guidance for the Safe Delivery of Systemic Anti-Cancer Therapy notes that the decision to initiate a new course of SACT is taken by a consultant oncologist/haematologist after discussion at a multi-disciplinary team (MDT) meeting, where appropriate. Therefore NMP's can only prescribe the first cycle of SACT after a clinical assessment and decision to initiate the SACT regimen has been made by the patient's doctor. NMP's cannot make the clinical decision on which SACT regimen to prescribe for the patient.

In addition to the key fundamental skills and knowledge detailed in Section 3.1, all prescribers must fulfil the following requirements detailed below to achieve a Level 3 competency;

- Has been signed off by their Training Programme Director (TPD), Educational Supervisor (ES), Clinical Supervisor (CS) or Designated Medical Practitioner (DMP) as competent in level 2 prescribing
- Completion of GCP (Good Clinical Practice) training
- Under supervision, see and prescribe for at least 15 patients attending for the first cycle of SACT
- The first cycle of SACT must be countersigned by a consultant or SACT competent registrar until deemed competent at level 3 (This should be detailed on the competency prescription Log for initiating SACT in Appendix 3)
- Satisfactorily completed a Mini-CEX or equivalent

Prescribers will be signed off as Level 3 competent by their TPD, Educational Supervisor or Clinical Supervisor when they have completed the above using the Competency Declaration Form detailed in Appendix 4.

**NOTE: It is recognised that currently Mini-CEX or equivalent tools are not methods routinely used in the assessment of nurse and pharmacist prescribers. These tools are considered best practice and consideration should be given to the routine implementation of these as services develop and non-medical prescribing in SACT increases.**

### Assessments

#### Mini- CEX (Clinical Evaluation Exercise) Assessment

A Mini-CEX is a 15 – 20 minutes, observed, real-life, interaction between a trainee and a patient and/or doctor. The observer provides the trainee with immediate feedback on this interaction, focusing on the clinical skills, attitudes and behaviours of expected of the trainee. Mini-CEX is time efficient way of assessing trainees in real practice setting and it presents a complete and realistic challenge to trainees. It allows trainees to get feedback on their performance from an experienced clinician about a real patient, in real time.

- The time and date for the assessment should be agreed in advance, and it is suggested that this is organised at the start of the training.
- The mini-CEX must be conducted in the clinical setting.

- The observation will take approximately 15 – 20 minutes, followed by immediate feedback. This may take approximately 30 – 60 minutes in total to complete.

Prior to the CEX a paper version of the form (see Appendix 5), should be printed off and taken to the clinical area for scoring throughout the session. This way the feedback can be given straight after the session and then the assessor can either give the form to the trainee.

The following competency areas will be assessed and the explanation for each competency area is as follows:

<b>Delivery of Patient Care</b>	
<b>1. Patient consultation</b>	Introduction to patient, conducting a patient-centered consultation, exploring the medical/surgical condition with the patient, considering the patient's own health beliefs, being aware of personal limitations and making appropriate referrals
<b>2. Need for drug</b>	Establishing the patient's background, taking a drug history and gaining the necessary information from a range of sources in order to decide on the appropriateness of drug therapy
<b>3. Selection of the drug</b>	Appropriate consideration of evidence-based medicine and drug interactions (drug-drug, drug-disease, drug-patient)
<b>4. Drug specific issues</b>	Checking that the drug is prescribed correctly (route, formulation, dose, frequency, course length) and considering available results and what effect they have on drug therapy e.g. U&Es, LFTs
<b>5. Provision of drug product</b>	Implementing an effective system for the supply of medicines
<b>6. Medicines information and patient education</b>	Provision of medicines and health advice to patients, carers, other pharmacy staff medical and nursing staff, and other healthcare professionals
<b>7. Professionalism</b>	Identification and prioritisation of medicines management issues, time management, patient confidentiality, appropriate application of guidelines such as formulary, therapeutic switching policies etc
<b>Problem solving</b>	
<b>8. Gathering information</b>	Accessing and summarising the information required and ensuring the information used is up-to-date
<b>9. Knowledge</b>	Knowledge of pathophysiology of common medical/surgical conditions encountered, pharmacology, side effects and drug interactions
<b>10. Analysing information</b>	Demonstrating the ability to evaluate information gathered (reliability or source, relevant to patient care), correctly identifying the problem, appraising options, making appropriate decisions and demonstrating a logical approach
<b>11. Overall clinical care</b>	An assessment that summarises all of the above in terms of outcome for the care



	patient
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The full range of the rating scale should be used and comparison made with what would be expected of a non-medical prescriber at that stage of their training. Trainees should aim for “meets expectations” although it is expected that some ratings will be below this. The key part of Mini CEX is effective feedback and identifying learning needs.

<b>Rating Scale</b>	
<b>Significantly below</b>	Performs poorly; very rarely meets the standard expected
<b>Below</b>	Performs poorly; meets the standard required occasionally
<b>Borderline</b>	Performs satisfactorily; with appropriate support and direction should meet expectations
<b>Meets expectations</b>	Performs well and to the standard expected of a non-medical prescriber at that stage in their training
<b>Above</b>	Performs to a standard higher than what you would expect from a non-medical prescriber at that stage in their training
<b>Significantly above</b>	Performs to an excellent standard; trainee is ahead of his/her peer group
<b>Unable to comment</b>	Unable to comment as performance not observed whilst s/he was there

## Appendix 1 Level 2 Competency Prescription Log for second or subsequent cycles of SACT.

I confirm that I have prescribed (with counter signature) the following (2nd or subsequent cycle) SACT prescription (to be signed by trainee)

Diagnosis	SACT Administered	Date	Countersignature

Prescribers should continue to keep a log of all new regimens they have been educated about or have done self-directed education on, and therefore competent to prescribe.

## Appendix 2 Level 2 Competency Declaration

I can confirm that I have;

- Read and understand all relevant SACT CMGs, protocols and policies
- Undertaken supervised practice in SACT outpatient clinics and demonstrated competent practice.
- Completed the competencies for Level 2 SACT prescribing and have prescribed 15 prescriptions as a level 1 prescriber which have been counter signed by a consultant or "SACT competent" register

I understand that I am responsible and accountable for keeping my practice up-to-date, that I am advised to read all SACT Clinical Management Guidelines including new SACT regimens, protocols and supportive care medicine guidelines, policies and procedures yearly as they are reviewed, and seek to update my practice as necessary.

Signed.....Date.....

Print name .....

### Consultant Oncologist/ Haematologist Sign Off

I confirm that \_\_\_\_\_ has completed an mini-CEX or relevant module assessment satisfactorily

Consultant Name \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Supervisor confirmation

I confirm that \_\_\_\_\_ has completed the requirements for Level 2 prescribing competency.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Designation: TPD/ES/CS/DMP

Date: \_\_\_\_\_

Two copies must be kept of this declaration:

- 1 copy to place in your personal professional portfolio
- 1 copy to Clinical Lead

### **Appendix 3 Level 3 Competency Prescription Log for initiating chemotherapy**

I confirm that I have prescribed (with counter signature) the following (1st cycle) SACT prescription (to be signed by trainee)

Diagnosis	SACT Administered	Date	Countersignature

Prescribers should continue to keep a log of all new regimens they have been educated about or have done self-directed education on, and therefore competent to prescribe.

## Appendix 4 Level 3 Competency Declaration

I can confirm I have;

- Read the curricular requirements for specialty training in medical oncology/clinical oncology/haematology and that I am undergoing the required training
- Completed my Good Clinical Practice (GCP) training
- Completed competency prescription log for second and subsequent cycles for SACT cycles agreed with the supervisor, including new regimens and drugs approved for use by the Trust which I have been deemed competent to prescribe

I understand that I am responsible and accountable for keeping my practice up-to-date, that I am advised to read all SACT Clinical Management Guidelines including new SACT regimens, protocols and supportive care medicine guidelines, policies and procedures yearly as they are reviewed, and seek to update my practice as necessary.

Signed.....Date.....

Print name .....

### Consultant Oncologist / Haematologist Sign Off

I confirm that \_\_\_\_\_ has completed a mini-CEX assessment satisfactorily (initiating SACT)/ assessment (as applicable)

Consultant Name \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Supervisor confirmation

I confirm that \_\_\_\_\_ has completed the competency requirements for Level 3 SACT prescribing.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Designation: TPD/ES/CS/DMP

Date: \_\_\_\_\_

Two copies must be kept of this declaration:

- 1 copy to place in your personal professional portfolio
- 1 copy to Clinical Lead

