



# Criteria for Acting as an Assessor of Competence

## Document Control

Prepared By	Issue Date	Approved By	Review Date	Version	Contributors	Comments/ Amendment
NECN Chemotherapy Group	28.9.11	NECN Chemotherapy Group		1	Chemo Nurse Group	Approved Subject to amendments to medical section
	12.10.12	NECN Core Chemo Team	12.10.12	2	NUTH	
	1.11.12	S.Williamson (Chair NCG)	1.11.14	2.2	C.Polwart M Robertson	Review Date Updated
	15.10.15	Chemo Group Chair	15.10.17	2.3	Wendy Anderson/ Melanie Robertson	Policy reviewed and reissued. Updated Network name, no content change
		NCA Chemotherapy Group	07.03.21	2.4	Alison East Wendy Anderson	Policy reviewed and reissued. Updated to reflect Network name, UKONS SACT passport requirements.

For more information regarding this document, please contact:

Steve Williamson

Consultant Cancer Pharmacist, NHS England

CNTW Area Team, Waterfront 4, Goldcrest Way,

Newcastle Upon Tyne, NE15 7NY

[stevewilliamson@nhs.uk](mailto:stevewilliamson@nhs.uk)

# NCA Criteria for Acting as an Assessor of Competence

## CONTENTS

1.	Introduction .....	3
2.	Scope of Document .....	3
3.	Criteria for Acting as an Assessor of Competence.....	4
3.1	Medical & Clinical Oncologists and Haematologists .....	4
3.2	Nursing staff .....	5
3.2.1	Non-Medical Prescribing:.....	5
3.3	Pharmacists, Pharmacy Technicians & Assistant Technical Officers .....	5
3.3.1	Non-Medical Prescribing:.....	6
3.3.2	Clinical Verification of prescriptions for cancer medicines: .....	6
3.3.3	Dispensing & checking oral chemotherapy:.....	6
3.3.4	Checking of worksheets and labels prior to reconstitution of intravenous chemotherapy: .....	6
3.3.5	Dispensing/reconstitution of intravenous chemotherapy:.....	6
3.3.6	Checking and final release of intravenous chemotherapy:.....	6
3.4	Intrathecal Chemotherapy .....	7
4.	Review of Competency and Capability as an Assessor .....	7
5.	Acknowledgements .....	7

# NCA Criteria for Acting as an Assessor of Competence

## 1. Introduction

This document details the training and associated competence that Health Care Professionals (HCPs) require to enable them to independently deliver OR be mandatory present (supervising) within various aspects of the process including the following tasks: prescribing, dispensing, supplying and administering (including verification) treatment to adult cancer patients. The document also details the requirements for HCPs who have designated responsibility for assessing the competence of others.

For the purposes of this document the term

- Systemic 'Anticancer Therapy' (SACT) is used to refer to **All** medications, irrespective of their route of administration, with direct anti-tumour activity including traditional cytotoxic chemotherapy such as cyclophosphamide, hydroxycarbamide, small molecule/ antibody treatments such as imatinib, rituximab, immunotherapy such as Nivolumab and other agents such as interferon, thalidomide or lenalidomide. It does not include hormonal or anti-hormonal agents such as tamoxifen and anastrozole
- Competence is used to designate and demonstrate HCPs ability to safely, efficiently and correctly (i.e. competently), carry out a specified area of practice. Within this document HCPs will be referred to as possessing a competency in a specific task with an associated list of competencies that have been achieved.

## 2. Scope of Document

This document applies to Doctors, Nurses and Pharmacy staff. Organisations within the Northern Cancer Alliance should consider the following key staff groups initially capable and authorised to assess staff competency and, therefore, automatically competent themselves provided they meet the training pre-requisites listed below.

- Consultant oncologists and consultant haematologists, in the protocols relating to the tumour types they subspecialise in - for prescribing SACT. Note this includes paediatric oncologists and haematologists
- Registered Nurses who have attained accredited SACT competency and are practicing regularly. Assessors will have completed a mentorship preparation programme (or equivalent) and/or have a recognised teaching qualification; as well as the criteria stipulated in the nursing section below
- Lead oncology pharmacist(s) - for prescription checking (verification) and dispensing of chemotherapy

Training pre-requisites

- Where appropriate, professional qualification and registration
- Relevant induction and mandatory training
- Working in specialized clinical practice area
- Maintain continuing professional development pertaining to the practitioner's specialist area of SACT
- Be in position to perform the designated SACTs 'task' on a regular basis to maintain clinical competence / confidence.
- Maintain adequate training / competency records.

Competency to be an assessor will be assessed locally at each acute Trust.

## **NCA Criteria for Acting as an Assessor of Competence**

### **3.0 Criteria for Acting as an Assessor of Competence**

This should detail the ongoing criteria necessary for a staff member (other than those considered initially capable as assessors) to be considered capable of assessing the competency of other staff to practice in chemotherapy services of the network.

Please see below sections for each professional group.

#### **3.1 *Medical and Clinical Oncologists and Haematologists***

An assessor of competence should meet all the criteria below:

- Be a consultant haematologist or oncologist (competent to assess the tumour types they sub-specialise in and give formative feedback to trainees/other staff)
- Must undertake regular continuing professional development including training in the use of workplace based assessments

NB. Documentation approved by the Royal Colleges must be used to evidence the competence of trainees (SpR/ ST3 and above).

Consultants should use the competencies defined for each of the four levels of practice to assess trainee competence. The four levels of competence are;

- review of a patient to receive systemic therapy and authorisation of the next cycle to proceed
- ability to prescribe systemic therapy, within local guidelines, or to continue a planned course of treatment but not initiate the first course of treatment
- ability to initiate systemic therapy for patients with a range of malignancies, whilst prescribing within local guidelines
- ability to initiate all appropriate systemic therapies for a tumour-specific area of clinical practice. Ability to participate in the evaluation of relevant therapies within clinical trials and therefore have a detailed knowledge of the regulatory framework defined for clinical research.

## NCA Criteria for Acting as an Assessor of Competence

### 3.2 *Nursing staff*

- Nursing staff and allied health professionals who deliver SACT should have undertaken theoretical assessment and supervised clinical practice assessments that are determined by their local Trust policy. The UKONS SACT Competency Passport should underpin this process in line with the NCA nurse training policy.
- All nursing staff and allied health professionals who deliver SACT as part of their role will have undertaken or be working towards a recognised accredited SACT course/module. A module will have academic credits attached to it at either level 6 (bachelor degree level) or level 7 (master's level).
- Chemotherapy nurses and allied health professionals who continue to work in the field of SACT should have their clinical knowledge and skills peer reviewed and accredited annually as part of the local appraisal process.
- Only staff that have demonstrated advanced practice in chemotherapy administration and assessment will be eligible to undertake the assessment of other staff. They must:
  - Have been identified through appraisal or annual peer review process as being competent to assess. This review process will be monitored by the Trust Lead Chemotherapy Nurse.
  - Undertaken an accredited SACT course at academic level 6 (degree level module) or level 7 (masters level)
  - Have undertaken an accredited course in teaching and/or assessing and/or mentorship in clinical practice or have covered this in pre-registration training
  - Spend at least 50% of their time in clinical practice
- Their name must be included on the local Trust register
- The particular competencies for which they are deemed capable as an assessor include: Assessment of patients prior to SACT, Administration of SACT and all aspects of the care pathway, pre-, during and post administration

#### 3.2.1 **Non-Medical Prescribing:**

- Nurses must be registered with the professional regulator the Nursing and Midwifery Council (NMC)
- Nurses must complete Non-Medical Prescribing training and assessment as per the NMC's training and assessment programme
- Nurses must have achieved the necessary qualification as an Independent/non-Medical Prescriber and be registered with the NMC as such
- Follow NCA guidance on Non Medical Prescribing for chemotherapy

### 3.3 *Pharmacists, Pharmacy Technicians & Assistant Technical Officers*

An assessor should be competent as defined below for each area of practice. In addition the assessor must:

- undertake regular continuing professional development
- spend at least 50% of their time in relevant clinical practice
- have no areas of concern with their practice e.g. acceptable error rates as defined by each local acute Trust
- read the relevant standard operating procedures annually
- Ideally undertake a recognised training and assessment course

## **NCA Criteria for Acting as an Assessor of Competence**

### **3.3.1 Non-Medical Prescribing:**

- Pharmacists must be registered with the professional regulator General Pharmaceutical Council (GPC)
- Pharmacists must complete Non-Medical Prescribing training and assessment as per the GPC's training and assessment programme
- Pharmacists must have achieved the necessary qualification as an Independent/non-Medical Prescriber and be registered with the GPC as such
- Follow NCA guidance on Non Medical Prescribing for chemotherapy

### **3.3.2 Clinical Verification of prescriptions for cancer medicines:**

- Pharmacists must be registered with the professional regulator, GPC
- Pharmacists must complete the local Trust's clinical verification training and assessment programme. Which should include a period of supervised verification of chemotherapy prescriptions. During this period all prescriptions should be double checked by trained oncology pharmacist(s) and a log maintained. A suitable number of items/prescriptions for the log should be agreed locally. It is suggested that 50 items or 25 prescriptions with a variety that reflects local case mix is the minimum for secondary care.
- Meet the British Oncology Pharmacy (BOPA) Competencies to support verification of prescriptions for SACT. Available at <http://www.bopawebsite.org/publications/guidelines-standards>

### **3.3.3 Dispensing & checking oral chemotherapy:**

- Pharmacists and Technicians must be registered with the professional regulator, GPC. Assistant Technical Officers (ATOs) are not required to be registered
- Pharmacists, Technicians and ATOs must complete the local Trust's dispensing and checking of oral chemotherapy training and assessment programme.
- Follow NCA guidance on Oral Anticancer Medicines

### **3.3.4 Checking of worksheets and labels prior to reconstitution of intravenous chemotherapy:**

- Pharmacists and Technicians must be registered with the professional regulator, GPC
- Pharmacists, Technicians and in certain Trusts Assistant Technical Officers must complete the local Trust's training and assessment programme

### **3.3.5 Dispensing/reconstitution of intravenous chemotherapy:**

- Technicians must be registered with the professional regulator, GPC
- Technicians and Assistant Technical Officers must have completed each local Trust's training and assessment programme

### **3.3.6 Checking and final release of intravenous chemotherapy:**

- Pharmacists and Technicians must be registered with the professional regulator, GPC
- Pharmacists and Technicians must complete the local Trust's checking and final release of chemotherapy training and assessment programme

## **NCA Criteria for Acting as an Assessor of Competence**

### **3.4 Intrathecal Chemotherapy**

All professional groups involved with the preparation, supply, prescribing, checking, administration and training of personnel involved in the administration of intrathecal systemic anti-cancer therapy must be deemed competent as set out in Trust Local Policy which is in line with the National Guidance (HSC 2008/001: Updated national guidance on the safe administration of intrathecal chemotherapy).

### **3. Review of Competency and Capability as an Assessor**

- Once signed off as competent, individuals have a professional responsibility to ensure they maintain that competency.
- Competency and authority to be an assessor should be assessed biannually or following a break in a particular area of clinical practice of greater than or equal to six months.
- As part of clinical governance arrangements each Trust must maintain a register of staff able to act as Assessor of Competence. It is suggested that the register is maintained by either the Trust Lead cancer clinician, the Chemotherapy Lead Clinician, the Lead Chemotherapy Nurse or the Cancer Manager
- The Trust Lead Clinician / Cancer Manager must ensure clinical governance arrangements are in place to check the Trusts Registered Assessors of competence maintain their competency. It is suggested that this is included during annual appraisal.

### **4. Acknowledgements**

This policy has been prepared following consultation with NCA SACT group, Newcastle Hospitals Chemotherapy Group and Medical Education Team.

This policy was originally prepared using the approved policy from Kent and Medway Cancer Network.