



Systemic Anti-Cancer Therapy Training and Competency Assessment Framework for Registered Nurses

Document Control

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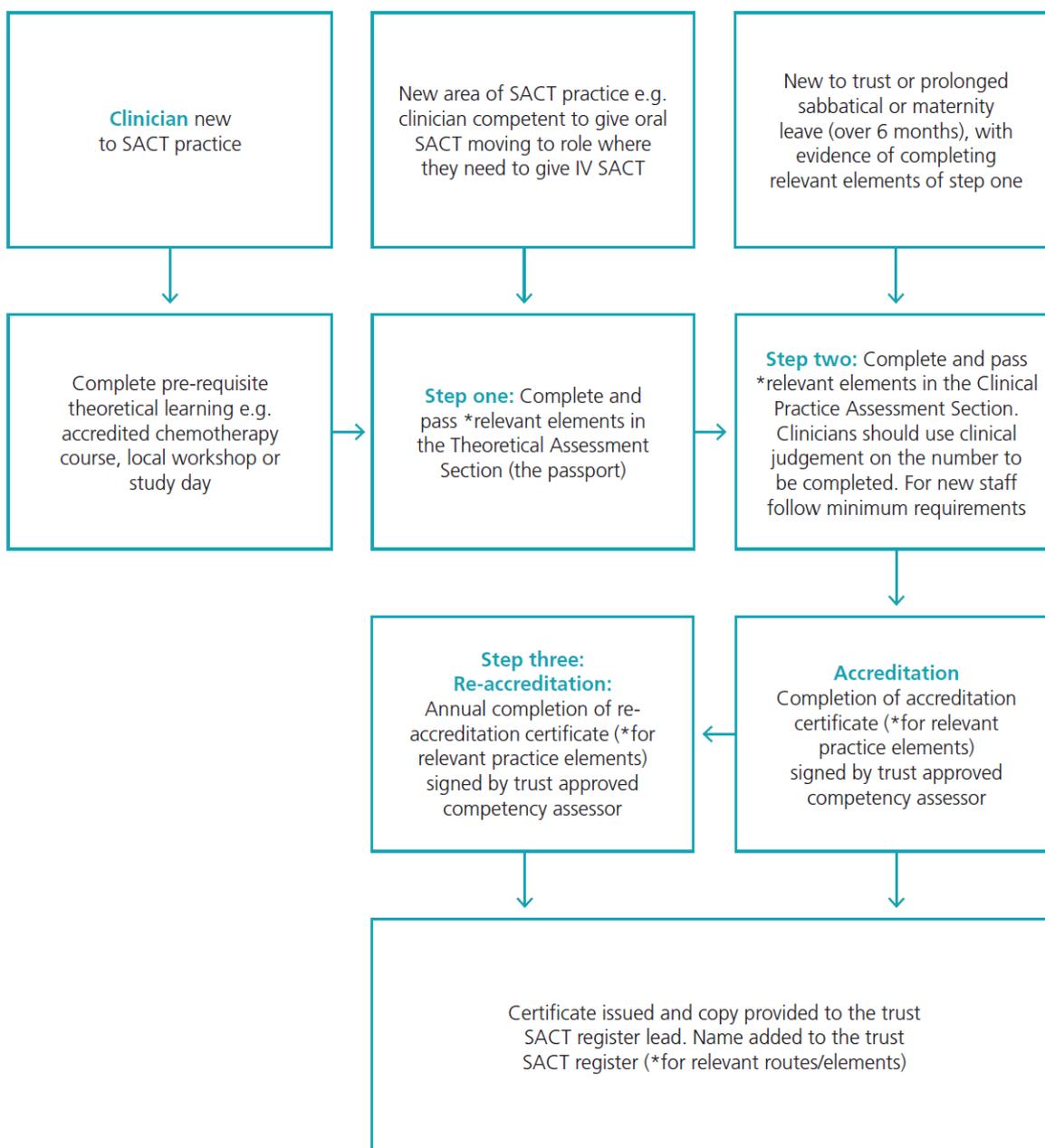
For more information regarding this document, please contact:

Steve Williamson
Consultant Cancer Pharmacist, NHS England
CNTW Area Team, Waterfront 4, Goldcrest Way,
Newcastle Upon Tyne, NE15 7NY
stevewilliamson@nhs.uk

1.Introduction

- 1.1 Systemic anti-cancer therapies (SACT) are a major treatment modality in cancer care. Treatment delivery can be complex and associated with significant risks to both the patients undergoing therapies and those who handle and administer treatments (HSE 2017). It is essential that nursing staff delivering therapies and supporting these patients are trained and assessed as competent to safely administer SACT using robust methods (DH 2014), and these are professionally agreed and recognised.
- 1.2 This document has been developed by the Northern Cancer Alliance (NCA) Systemic Anti-Cancer Therapies Group; it aims to develop theoretical knowledge and practical skills for clinical practice. It is underpinned by the National SACT passport (2017) developed by the United Kingdom Oncology Nursing Society (UKONS), a constituent organisation of the UK Chemotherapy Board.
- 1.3 For purposes of this guideline, the term SACT includes the range of treatments with direct anti-tumour activity; including traditional cytotoxic chemotherapy, small molecule/antibody treatments, immunotherapies and other agents such as biological therapies; angiogenesis inhibitors and anti- growth inhibitors (excluding hormones), irrespective of their route of administration.
- 1.4 The term assessor has been used throughout, and the role can be interpreted according to local practice and individual Trust guidelines. It is recognised that although a diverse range of assessor's support trainees within the variety of theoretical and clinical settings, practice may differ, however standardised methods of assessment are required to ensure consistency in practice and are outlined in the NCA document Criteria for Acting as an Assessor of Competence.
- 1.5 This policy applies to all registered nurses involved in SACT administration and should be read in conjunction with national standard documents and NCA policies:
 - [Chemotherapy Services in England: ensuring quality and safety \(2009\)](#)
 - [NMC The Code, Professional Standards \(2015\)](#)
 - [NMC Medicines Management \(2015\)](#)
 - UKONS 24 hour triage toolkit (2016)
 - [UKONS SACT Competency Passport \(2017\)](#)
 - [National Chemotherapy Board Good Practice Guideline \(2016\)](#)
 - [NCA Guidelines for managing Central Intravenous Access Devices](#)
 - [NCA Chemotherapy Administration Policy](#)
 - [NCA Extravasation Policy](#)
 - Manual of Cancer Service Standards – Chemotherapy (2014)- Available at <https://www.qst.england.nhs.uk/directory>
 - Local Trust operational policies, guidelines and protocols

2. SACT Handling and Administration Competency Pathway



2.1 Nurses can administer SACT under direct supervision as part of their SACT administration competency training. Supervision may be given by any clinician who has been assessed as competent in the administration of SACT.

2.2 Names should be removed from the register 12 months after the date of certification, unless there is evidence of successful re-accreditation.

* Relevant practice elements include oral, intramuscular, subcutaneous, intravenous routes of administration.

3. Nurses New to SACT Services

- 3.1 All nurses appointed to areas where SACT is administered (in-patient ward/outpatient clinic/chemotherapy unit) should have a period of induction in line with Trust policy and a nominated mentor to act as a role model and supervisor. If appropriate the mentor may also take on the role of assessor.
- 3.2 On the first working day, the health and safety issues regarding SACT should be discussed. These should include procedures/policies and guidelines for:
- Transportation and Storage of all cytotoxic drugs
 - Handling and spillage of cytotoxic drugs
 - Clarification of role including limitations to practice
 - The importance of recognising extravasation and the ability to summon assistance in the event of it occurring
 - The importance of summoning assistance if patients become acutely unwell or complain of pain at the cannula site
- 3.3 Before embarking upon training involving the completion of the UKONS SACT Passport, the nurse should have received either work-based education/local training day/programme, or undertaken a university module, which covers the following core knowledge components:
- What is cancer?
 - How SACT drugs work
 - Routes of SACT administration
 - Patient assessment
 - Toxicities of SACT
 - SACT safe handling and administration
 - Legal and professional Issues
 - Prophylactic/supportive/rescue interventions
 - The psychosocial impact of SACT treatment
 - Patient education and self-care advice
 - Advancing SACT practice
- 3.4 Continuing workforce development teams and/or lead SACT nurses within organisations can advise on how to access the university modules and masterclasses available from a range of providers, including those commissioned by Health Education England (HEE).

4. SACT Training and Competency Assessment

- 4.1 The administration of SACT can only be carried out by a registered nurse who has been identified by their manager as being in an appropriate role to deliver these treatments. All those involved will have completed their organisations training requirements including relevant competency based assessments, and can demonstrate that they have acquired the range of skills and knowledge for practice.

- 4.2 A range of prerequisite competencies are identified as necessary prior to commencement of training. They should be applicable to the development of the individual nursing role and be identified within local Trust policies, as standard these should include:
- Care, management and assessment of peripheral and central venous access devices
 - Medicines management including calculations, dosing and infusion rates
 - Medical devices training including infusion equipment relevant to skill and practice area
 - Route specific drug administration (excluding Intrathecal)
- 4.3 There are three supervised practice steps to competency attainment:
- Trust theoretical training and assessment including completion of the relevant theoretical sections of the UKONS SACT Passport.
 - Clinical practice that facilitates completion of the relevant clinical competency sections of the UKONS SACT Passport, including formal practical route specific competency based assessments verified by an appropriate assessor.
 - Completion of the local Trust annual reaccreditation process and recording onto the SACT register.

5. Assessor and Supervisory Roles

- 5.1 Practice supervisory and theoretical assessor roles are fundamental in supporting trainees in gaining the practical experience necessary to achieve competency. To undertake these roles effectively, an assessor should currently work in the specialist practice area of the trainee.
- 5.2 Assessors must be competent in the clinical skill which they are assessing e.g. if assessing a staff member cannulating and giving bolus chemotherapy then they must also be skilled and competent in this task. They must be SACT competent themselves and be named on their employing Trust SACT register.
- 5.3 They should have undertaken an appropriate accredited mentorship/assessor course/module, as well as having completed 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).
- 5.4 Facilitating UKONS SACT Passport completion ideally should be conducted concurrently with supervised practice to enable application of theory to practice, staff should only complete the aspects pertinent to their role.
- 5.5 Those undertaking the theoretical assessment role need to be familiar with the UKONS SACT Assessors Guide (answers). Copies are available to any UKONS member whose role encompasses acting as a Lead SACT Clinician. They can distribute the document within their organisation to assessors to guide the marking process. Although local variations will apply, the theoretical section should be marked by a nurse assessor in practice, or a SACT course module leader or educator.

- 5.6 Within organisations the named person who holds assumed competence, such as a lead chemotherapy or consultant cancer nurse, should ensure that processes are in place to enable assessors to fulfil their role. These recognised SACT assessors can then train others to be assessors with the approval of the trust named person.

6. SACT Training Records

- 6.1 All SACT services must keep up to date records for all nurses working in their department. The minimum requirement for training records within each department is as follows:

- Individual nurse record outlining the current list of areas of competence
- Record of nurses who administer SACT
- List of authorised assessors
- Following completion of the Theoretical Assessment (Passport) and Clinical Practice Assessments the local Trust Competence Certificate will be completed and the clinician's name can be recorded in the Trust SACT register.

- 6.2 It is recognised that some nurse administrators and assessors will only ever handle and administer a limited range of drugs via a single route. Individual nurse training records should be maintained and include the current list of areas in which the nurse have been verified as competent. The list of authorised assessors should also include the competencies they are authorised to assess.

- 6.3 After completing this work-based competency nurses will continue to develop their practice, which may include: attendance of a masterclass update course lasting one day, acute oncology care following SACT, the management of medium and longer-term toxicities, and more detailed knowledge on drug modalities of action.

- 6.4 Names should be removed from the register 12 months after the date of certification, unless there is evidence of successful re-accreditation. Nurses should cease giving chemotherapy unsupervised if competency has expired

7. Annual Reaccreditation and Reassessment

- 7.1 All nurses regardless of level of practice should demonstrate SACT competency and maintain evidence of their practice. Their annual clinical competence assessment should facilitate the reaccreditation process; best practice would advocate that this forms part of their annual appraisal. This process should be carried out according to local trust policy, by an approved SACT assessor.
- 7.2 A consistent method of assessment criteria should be used to review clinical practice and theoretical knowledge. It is recommended (but not mandated) that if a clinician named on the SACT register has not already completed the theoretical component of the UKONS SACT Passport this should be undertaken and marked by an assessor at the point of re-accreditation.
- 7.3 Absence from work/not administering SACT for a period of over 6 months requires re-assessment of clinical competence i.e. step two of the handling and administration competency pathway.

References

DH (2014) Manual for Cancer Services; Chemotherapy Measures

HSE (2017) [Safe handling of cytotoxic drugs in the workplace](#)

UKONS (2017) [Systemic Anti-Cancer Therapy \(SACT\) Competency Passport](#)