



**The UKONS Systemic Anti-cancer Therapy (SACT)
Competency Passport**

Learning Outcomes Framework

February 2019

Acknowledgements

Thanks to:

- Jacqueline Robinson-Rouse, Lead for Retention, CapitalNurse, HEE London
- Nicola Fowler, NHS Electronic Staff Records (ESR), Senior ESR Account Manager for London and the South
- Cheryl Samuels, Deputy Director of Workforce – North Central London STP Education & Training, Royal Free London NHS Foundation Trust

For their guidance in developing this Framework and providing support in seeking agreement from the NHS Electronic Staff Record Specialist Interest Group.

Thanks to:

- Wendy Anderson, Macmillan Nurse Consultant Chemotherapy, South Tees Hospitals NHS Foundation Trust
- Rebecca Johl, Lead Nurse Oncology | Imperial College Healthcare NHS Trust

For reviewing drafts of this learning outcomes framework on behalf of the UK Oncology Nursing Society SACT Competence Passport Steering Group.

This learning outcomes framework was developed from the UK Oncology Nursing Society SACT Competency Passport© (Oakley, Hammond et al., 2017). The Framework was produced by Dr Verna Lavender and Dr Catherine Oakley, on behalf of the UK Oncology Nursing Society SACT Competence Passport Steering Group.

Dr Verna Lavender's role is funded by the Guy's and St.Thomas' Charity.

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Foreword

We are delighted to introduce the UK Oncology Nursing Society (UKONS) Systemic Anti-Cancer Therapy (SACT) Competency Passport Learning Outcomes Framework. This Framework aims to standardise the assessment of SACT competence across the UK.

This Framework was produced by Dr Verna Lavender, Head of Guy's Cancer Academy, and Dr Catherine Oakley, Chemotherapy Nurse Consultant, both from Guy's and St.Thomas' NHS Foundation Trust. It aligns with the UKONS SACT Competency Passport.

To date, nearly two-thirds of the SACT providers in the UK have requested the UKONS SACT Competency Passport Assessors' Guide to assist them in assessing the Theory Sections of the Passport. This Framework provides further guidance for assessing practice competence, with the aim of standardising the achievement of SACT competence across the UK.

The UKONS SACT Passport Steering Group worked with colleagues from CapitalNurse, the London Lead Cancer Nurse Group and the North Central London STP Workforce: Education and Training, to seek agreement from the NHS Electronic Staff Record Specialist Interest Group (SiG) for this Framework to be approved as a SACT Core Skills Training Framework. This has been agreed in principle.

The development of a SACT Core Skills Training Framework is a significant development in standardising the assessment of SACT Practice. It will also facilitate the mobilisation of chemotherapy competent staff across NHS organisations by avoiding the need for additional inter-organisation assessment that has existed to date.

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February 2019

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Introduction

Background

Systemic anti-cancer therapies (SACT) includes cytotoxic drugs, small molecule inhibitory drugs, and biological therapies (Tobias and Hochhauser, 2015). These drugs are hazardous agents that either kill or stop the growth of cells and can cause major organ toxicity. SACT toxicities can result in significant morbidity and potential mortality in patients receiving these treatments (Tobias and Hochhauser, 2015). In addition, health care staff are at risk of occupational exposure to SACT if protective control measures are inadequate (Health and Safety Executive (HSE), 2017). It is, therefore, essential that clinicians who administer SACT are trained and assessed to do so safely (HSE, 2017).

The holistic care of patients receiving SACT and their carers is a fundamental part of the role of a clinician administering SACT. In addition to handling and administering SACT, clinicians provide information about SACT and cancer services, support decision-making about treatment and care, assess and monitor patients for fitness to treat and treatment toxicity, escalate medical review in patients with high-grade toxicities, prevent and manage treatment toxicities, educate patients and carers when to seek medical help or how to prevent and manage low-grade treatment toxicities at home, provide emotional and psychological support to patients and carers who are often fearful of their cancer diagnosis and treatment, and refer to specialist services for other aspects of care such as fertility preservation and financial support. Providing this care requires specialist education and training, and assessment of knowledge and skills to ensure competence in practice.

The UK Oncology Nurses Society (UKONS) is a registered charity that has over 3,000 members, the majority of which are cancer nurses practicing in the UK. UKONS primary purpose is to promote excellence in the nursing management and care of all those directly and indirectly affected by cancer. The UKONS SACT Competency Passport© (hereafter referred to as 'the Passport') was developed to standardise the assessment of SACT administration and patient care, and in so doing ensure consistently safe and high-quality SACT practice. The Passport was designed for clinicians, e.g. nurses, pharmacists and therapy radiographers, whose role requires them to handle and administer SACT to adult patients they are caring for. The Passport was not designed to provide guidance about assessing clinician competence of either administering SACT to children, or using non-systemic anti-cancer drug treatment, e.g. localised/topical anti-cancer therapy such as intrathecal, intravesical, inhalation, isolated limb perfusion, intraperitoneal and topical chemotherapy. The Passport contains patient-focused learning outcomes and exercises, with the aim of supporting patient self-management strategies, where appropriate.

The Passport was initially developed for the Pan-London SACT Nurses Group and UKONS with sponsorship from Capital Nurse and UKONS. The full version of the Passport can be found here: It was developed from the All Wales Clinical Competencies for the Safe Handling and Administration of Cytotoxic Chemotherapy, written by Rosie Roberts and Kerie Morris for The Wales Cancer Network. Development of the Passport was led by Dr Catherine Oakley, who wrote the first version of the Passport with Ruth Hammond, which was edited by Dr Lisa Dougherty. Contributors to the Passport were UKONS members who represented National Health Service (NHS) and Higher Education Institutions from across the United Kingdom.

Following a successful pilot in eight NHS sites across London, UKONS launched the Passport in September 2017. In response to requests from cancer nurses around the UK, and under the governance of the UKONS SACT Steering Group, UKONS have since provided Train the Trainer sessions around the UK to instruct SACT assessors how to use the Passport. UKONS also developed an assessor's guide containing model answers for Part One of the Passport,

where clinicians' theoretical knowledge is assessed. The assessor's guide has been shared with nominated SACT assessors, under the governance of the UKONS SACT Passport Steering Group, which sits within the UKONS SACT Members Interest Group (MIG). To date Assessor's guides have been shared by UKONS with 96 of 164 provider organisation; via UKONS, approximately 130 Passports are requested from the recommended printer on a monthly basis, and there is also a link on the UKONS website where members have directly sourced copies of the Passport to be printed within their own organisations.

https://www.whatdotheyknow.com/request/242427/response/602988/attach/3/CSTF%20Subject%20Guide%20v1%202.pdf?cookie_passthrough=1

UKONS continue to support training for clinicians who work in healthcare organisations that wish to use the Passport as their SACT assessment framework; however there is a need to develop a national framework to facilitate recording achievement of competence that is transferable throughout the UK.

Development of the Framework

In response to a growing consensus that cancer clinicians in the UK wish to implement the Passport to standardise the assessment of SACT administration and patient care competences nationally, the UKONS SACT Steering Group worked with education, training and workforce development colleagues in London to develop this UKONS SACT Learning Outcomes Framework, hereafter referred to as 'the Framework'.

Guidance was provided to the UKONS SACT Steering Group by Nicola Fowler, NHS Electronic Staff Record (ESR), Senior ESR Account Manager for London and the South, in November 2018. The Framework was written by Dr Verna Lavender and Dr Catherine Oakley. Some learning outcomes within the Passport were subjects contained within existing Core Skills Training Frameworks. For example, learning outcomes and exercises about patient-centred care, which is a central philosophy of the Passport, align to subjects within the Patient-Centred Approaches Core Skills Education and Training Framework (Health Education England, Skills for Health, and Skill for Care, 2017). Many of the SACT-specific learning outcomes, however, were not subjects within existing Core Skills Training Frameworks. This demonstrated the need for an ESR SACT Learning Outcomes Framework for clinicians handling and administering SACT.

Development of the framework was based on the philosophy, content and learning outcomes of the Passport, and thus the framework used the same structure as the Passport. The framework was reviewed by Wendy Anderson, UKONS SACT Member' Interest Group Lead, and Rebecca Johl, co-chair of the UKONS SACT Competency Passport Steering Group.

Structure of the Framework

The Framework includes key learning outcomes for each of six Subjects (Routes of Administration and Pre-treatment Consultation Sections in the Passport). The learning outcomes are intended to provide clear guidance about what a clinician should know, understand and be able to do to in order achieve competence.

The standard of competence required across the UK is the achievement of:

- All learning outcomes in Subject One, which assesses practice knowledge and skills for clinicians that work in all areas of practice, and
- All learning outcomes in relevant Subjects Two to Four, which assess additional theoretical practice knowledge and skills for clinicians that administer SACT by either oral, subcutaneous or intra-muscular, or intravenous routes.
- After achievement of Subject One, and Subjects Two, Three and/or Four, clinicians who have consolidated their SACT practice can also be assessed for achievement of practice

knowledge and skills in Subject Five (SACT pre-treatment consultations) and/or Subject Six (oral SACT pre-treatment consultations).

Guidance on the requirement for annual re-assessment of achievement of learning outcomes – the re-accreditation of competence assessment – is provided in the appendices section of this Framework.

Each of the six Subjects is comprised of:

A context statement

Links to current legal or relevant expert guidance

Target audience

Key learning outcomes

Links to other relevant standards and frameworks.

The User Guide, Standards for Training Delivery, Assessment of Competence, and Frequency of Assessment Guidance are presented in the appendices.

Scope and Benefits of the Framework

The Framework is applicable to all health care organisations who employ clinical staff that handle and administer SACT to adult patients as part of their role, their SACT workforce, adult patients receiving SACT, and their carers'. It is also applicable to educational organisations and institutions that educate and train clinicians about safe handling and administration of SACT to adult patients.

Use of the Framework will support health care organisations that treat and care for patients receiving SACT to:

- Standardise the interpretation of clinical/care education and training
- Guide the focus and aims of clinical/care education and training delivery
- Ensure the educational relevance of clinical/care training
- Improve the quality and consistency of clinical/care education and training provision.

The Framework will also support the assessment of competence, conduct of training needs analysis, and provision of minimum standards of performance for safe practice.

Subject 1: Foundation Skills

1.1 Context Statement

All clinicians who have responsibility within their role to handle and administer SACT should maintain the safety of patients and their carers', themselves, other health care staff and the environment (HSE, 2017). In doing so, clinicians handling and administering SACT need to demonstrate competence of specialist knowledge and skills (Department of Health (DH), 2014) to avoid preventable risks and manage hazards associated with SACT. To ensure safety in SACT practice, all clinicians handling and administering SACT need to demonstrate knowledge and skills about legal and professional accountability and frameworks; pre-SACT assessment; discharge planning; management of infusion-related reactions and emergencies; safe handling and drug containment; and correct administration procedures.

1.2 Current Legal or Relevant Expert Guidance

Cancer Research UK (CR UK) (2016) Consent for Systemic Anti-Cancer Therapy Guidance Issued by the National Chemotherapy Board

http://www.cancerresearchuk.org/sites/default/files/consent_guidance_doc_v2016-07_approved_by_ncb.pdf

European Society For Medical Oncology (ESMO) (2017) Rosello, S. Blasco I , Garcia Fabregat L. , Cervantes A. & Jordan K Management of infusion reactions to systemic anticancer therapy: ESMO Clinical Practice Guidelines CLINICAL PRACTICE GUIDELINES Annals of Oncology 28 (Supplement 4): iv100–iv118, 2017 doi:10.1093/annonc/mdx216

<http://www.esmo.org/Guidelines/Supportive-and-Palliative-Care/Management-of-Infusion-Reactions-to-Systemic-Anticancer-Therapy>

Health and Safety Executive (2002) Control of Substances Hazardous to Health (COSHH) Regulations

<http://www.hse.gov.uk/coshh/index.htm>

Health and Safety Executive (2015) Handling Cytotoxic Drugs in Isolators in NHS Pharmacies. [online] Available at: <http://www.hse.gov.uk/pubns/ms37.htm>

Health and Safety Executive (2017) Safe Handling of Cytotoxic Drugs in the Workplace. [online] Available at: <http://www.hse.gov.uk/healthservices/safe-use-cytotoxic-drugs.htm>

International Society of Oncology Pharmacy Practitioners Standards Committee (ISOPP) (2007) ISOPP standards of practice. Safe Handling of cytotoxics Journal of Oncology Practice 13(suppl)1:1-81 http://www.oncosystems.com.tr/dosyalar/ISOPP_Standards_of_Practice_-_Safe_Handling_of_Cytotoxics.pdf

NHS England (2015) Never Events List 15/16

<https://www.england.nhs.uk/wp-content/uploads/2015/03/never-evnts-list-15-16.pdf>

Oakley, C., Lennan, H., Roe, H., Craven, O., Harrold, K., Vidall, C. (2010a) Safe practice and nursing care of patients receiving oral anticancer medicines: a position statement from the UK Oncology Nursing Society (UKONS), published online by ecancermedalscience,

<http://www.ecancermedalscience.com>.

Royal College of Nursing (RCN) (2016) Standards for infusion therapy 4th edition. Royal College of Nursing: London

1.3 Target Audience

All staff who have a role that requires them to administer SACT to adult patients with cancer.

1.4 Key Learning Outcomes

The learner will be able to:

- a) Effectively communicate with patients and their carers about the patient's treatment, potential SACT treatment-related hazards, the process of administering SACT treatment, and how SACT care is provided
- b) Assess patients and their carers understanding of their treatment and identify their information needs
- c) Demonstrate use of person-centred care to build effective professional and trusting relationships with patients and their carers
- d) Demonstrate active listening to identify the priority need of patients and their carers
- e) Reflect on the clinicians own use of verbal and non-verbal communication skills to inform the delivery of care
- f) Plan and deliver care in agreement with patients and their carers
- g) Explain the rationale for use of SACT to treat people with cancer
- h) Demonstrate knowledge of the principles SACT hazard management
- i) Describe protective measures for handling and administering SACT
- j) Identify the location of local SACT Safe Handling and Administration Policies and Procedures
- k) Demonstrate skills that ensure safety of self, others and the environment
- l) Demonstrate explanation of the process of SACT administration to an adult patient
- m) Explain to adult patients receiving SACT measures taken for preventing and reducing the risk of hazards
- n) Describe own levels of accountability and limitations of their role
- o) Maintain record keeping and demonstrate knowledge of the legal aspects of medical record recording and data storage
- p) Use verbal and written/electronic reporting systems to effectively communicate within the multi-disciplinary team about patients treatment, management and care
- q) Make reference to current national and local policy documents that govern SACT practice
- r) Refer to current evidence that informs optimal SACT practice
- s) Demonstrate knowledge about current professional literature on a key SACT-related topics relevant to own practice
- t) Demonstrate understanding of legal frameworks and documents that regulate informed consent
- u) Describe processes that ensure informed consent has been obtained prior to SACT administration
- v) Demonstrate checking of consent documentation to ensure that all necessary information is correct and has been gained
- w) Demonstrate assessment of fitness to treat prior to SACT administration, e.g. completion of pre-treatment checks
- x) Demonstrate administration of pre-SACT pre-medication/prophylactic treatment, or check that it has been administered
- y) Explain what information should be provided to patients about possible fertility preservation and use of contraceptives during and following SACT treatment
- z) Demonstrate knowledge of assessing an adult female's risk of pregnancy prior to commencing SACT

- aa) Demonstrate understanding of SACT dose calculations and mathematical formulae used to calculate drug doses
- bb) Demonstrate drug and dose checking (e.g. based on weight/BSA, renal, liver and cardiac function) prior to SACT administration
- cc) Demonstrate recording of dose adjustment due to change in patients clinical/performance status
- dd) Correctly interpret dose modifications, delays or omissions and review treatment and care plans as appropriate
- ee) Describe normal ranges of blood haematology and biochemistry results and what actions to take if a patient's blood results are outside the normal range
- ff) Demonstrate use of standardised toxicity criteria to assess, record and communicate toxicity grading pre-treatment
- gg) Describe process of assessing changes in a patient's toxicity grading and actions required if such changes have occurred
- hh) Define hypersensitivity and anaphylactic/anaphylactoid reactions
 - ii) Describe factors that increase the risk of a hypersensitivity or anaphylactic/anaphylactoid reaction
 - jj) Demonstrate assessment of signs and symptoms of a hypersensitivity or anaphylactic/anaphylactoid reaction during and after the administration of SACT
- kk) Explain the immediate actions to be taken in the event of both hypersensitivity and anaphylactic/anaphylactoid reactions
- ll) State contact numbers of staff/teams/services to be contacted in the event of a hypersensitivity and anaphylactic/anaphylactoid reaction
- mm) Describe actions to be taken in the event of SACT spillage
- nn) Demonstrate knowledge of the location and contents of SACT spillage equipment/kits
- oo) Explain procedures for safely containing, cleaning/irrigating, managing, disposing of contaminated environment, skin, eyes, clothing, linen and equipment
- pp) Demonstrate preparation of SACT administration equipment in accordance with local policies and procedures
- qq) Demonstrate the use of personal protective equipment in accordance with local policies and procedures
- rr) Describe to risk reduction measures for the transportation and storage of SACT
- ss) Demonstrate safe disposal of SACT equipment and any unspent SACT in accordance with local policies and procedures
- tt) Demonstrate assessment of the patient's allergy history and previous adverse drug reactions
- uu) Describe and demonstrate the '5 Rights' (patient, drug, dose, time, route) of drug administration
- vv) Demonstrate correct administration of SACT drug as prescribed and in accordance with local policies and procedures
- ww) Demonstrate provision of informational support to enable patients and their carers to safely manage post-treatment care
- xx) Demonstrate the assessment of patients and their carers understanding of post-treatment care, e.g. taking supportive medication and seeking medical help if experiencing symptoms of side effects
- yy) Demonstrate planning patient post treatment cycle discharge and arrange review and next treatment appointments
- zz) Demonstrate planning discharge at the completion of a course of SACT treatment

Context-specific Knowledge and Understanding

In addition to the core learning outcomes above, learners will be expected to achieve further learning outcomes in the context of their own role, i.e.

- Subjects 2- 4 of this Framework relevant to their role

- the duties and responsibilities of their specific role
- their organisation's policies and procedures relevant to their role
- their agreed personal work objectives
- their current knowledge, understanding and skills
- identified gaps in their knowledge, understanding and skills
- development opportunities and resources available in their organisation
- sources of feedback on performance in their organisation

All staff who administer SACT that have previously been assessed as achieving competence, should be assessed for competence on commencement of new employment, a change in area of practice, or returning to practice following a career-break (e.g. more than six months period of leave/absence). All staff who have previously been assessed as achieving competence, should be assessed annually for re-accreditation of competence.

1.5 Links to other relevant standards and frameworks

Skills for Health

Skills for Health (2015) Clinical/Care UK Core Skills Training Framework. Accessed January 2019

<http://www.skillsforhealth.org.uk/services/item/146-core-skills-training-framework>

Health Education England, Skills for Health, and Skills for Care (2017) Patient-Centred Approaches Core Skills Education and Training Framework. Accessed January 2019

<https://www.hee.nhs.uk/news-blogs-events/news/new-framework-promote-person-centred-approaches-healthcare>

Subject 2: Administering Oral SACT

2.1 Context Statement

The use of oral SACT has significantly increased in the last ten years (Mancini & Wilson, 2012), due to the introduction of novel small molecule inhibitory drugs (targeted therapy), an increased use of conventional cytotoxic drugs and oral formulations being licenced for drugs that were previously formulated as intravenous (IV) drugs. There are currently 78 licenced oral SACT in the UK (British Medical Association and Royal Pharmaceutical Society, 2018), with likely further increases. Significant adverse outcomes associated with oral SACT administration have been reported in the United Kingdom (National Patient Safety Agency, 2008), guidelines, therefore, recommend that patients prescribed oral SACT should receive the same standard of care as those receiving IV SACT (BOPA, 2004; NCAG, 2009; Oakley et al. 2010a; DH, 2014). Since administration of oral SACT mainly occurs in the patient's own home, which requires patients and their carers to manage their own treatment administration, patient education and information needs to be individually-tailored to the patients' needs (Oakley et al. 2010b).

2.2 Current Legal or Relevant Expert Guidance

British Oncology Pharmacy Association (2004) Position statement on safe practice and the pharmaceutical care of patients receiving oral anticancer chemotherapy. Accessed on 13.04.2018 at <https://www.nice.org.uk/guidance/ta100/documents/british-oncology-pharmacy-association-22>.

Department of Health (2014) Manual for Cancer Services: Chemotherapy Services Version 1.0, Gateway No: 16104.
[file:///C:/Users/user1/Downloads/resources measures Chemotherapy April2014.pdf](file:///C:/Users/user1/Downloads/resources%20measures%20Chemotherapy%20April2014.pdf)

Health and Safety Executive (2002) Control of Substances Hazardous to Health (COSHH) Regulations
<http://www.hse.gov.uk/coshh/index.htm>

International Society of Oncology Pharmacy Practitioners Standards Committee (ISOPP) (2007) ISOPP standards of practice. Safe Handling of cytotoxics Journal of Oncology Practice 13(suppl)1:1-81 [http://www.oncosystems.com.tr/dosyalar/ISOPP Standards of Practice - Safe Handling of Cytotoxics.pdf](http://www.oncosystems.com.tr/dosyalar/ISOPP_Standards_of_Practice_-_Safe_Handling_of_Cytotoxics.pdf)

National Patient Safety Agency (2008) Rapid Response Report: Risks of incorrect dosing of oral anti-cancer medicines <http://www.nrls.npsa.nhs.uk/resources/?entryid45=59880>

National Chemotherapy Advisory Group NCAG (2009) Chemotherapy Services in England: Ensuring quality and safety. *A report from the national chemotherapy advisory group*
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_104501.pdf

Oakley, C., Lennan, E., Roe, H., Craven, O., Harrold, K., & Vidall, C (2010a) Safe practice and nursing care of patients receiving oral anticancer medicines: a position statement from UKONS. *ecancer*, 4(177)

United Kingdom Oncology Nursing Society (UKONS) (2016) Triage Tool
https://www.ukons.org/downloads/Mi_2355814_01_12_16_v1_2.pdf

2.3 Target Audience

All staff who have a role that requires them to administer oral SACT to adult patients with cancer.

2.4 Key Learning Outcomes

The learner will be able to:

- a) Demonstrate knowledge of policies and procedures for managing the care of patients receiving oral SACT
- b) Demonstrate safe handling of oral SACT to reduce the potential for skin contamination in accordance with local personal protective equipment and non-touch policies
- c) Explain the process of assessing a patient's understanding of how to take oral SACT when at home
- d) Explain information and supportive measures for patients and their carers on how to safely handle and administer oral SACT at home
- e) Demonstrate knowledge about the information and equipment provided patients and their carers in dealing with an oral SACT spillage at home
- f) Explain what information should be given to patients and their carers about safe return of oral SACT for disposal
- g) Demonstrate knowledge of side effects of oral SACT drug, and what advice to give patients and carers about seeking help if they have signs or symptoms of side effects from oral SACT

Context-specific Knowledge and Understanding

In addition to the core learning outcomes above, learners will be expected to achieve further learning outcomes in the context of their own role, i.e.

- the duties and responsibilities of their specific role
- their organisation's policies and procedures relevant to their role
- their agreed personal work objectives
- their current knowledge, understanding and skills
- identified gaps in their knowledge, understanding and skills
- development opportunities and resources available in their organisation
- sources of feedback on performance in their organisation

All staff who administer oral SACT that have previously been assessed as achieving competence, should be assessed for competence on commencement of new employment, a change in area of practice, or returning to practice following a career-break (e.g. more than six months period of leave/absence). All staff who administer oral SACT who have previously been assessed as achieving competence, should be assessed annually for re-accreditation of competence for oral SACT administration.

2.5 Links to other relevant standards and frameworks

Skills for Health

Skills for Health (2015) Clinical/Care UK Core Skills Training Framework. Accessed January 2019

<http://www.skillsforhealth.org.uk/services/item/146-core-skills-training-framework>

Health Education England, Skills for Health, and Skills for Care (2017) Patient-Centred Approaches Core Skills Education and Training Framework. Accessed January 2019
<https://www.hee.nhs.uk/news-blogs-events/news/new-framework-promote-person-centred-approaches-healthcare>

Subject 3: Administering Intramuscular (IM) or Subcutaneous (S/C) SACT

3.1 Context Statement

The majority of SACT are administered intravenously (Chemocare.com, 2002-2019); however several SACT drugs are administered intramuscularly (IM), such as methotrexate and asparaginase, or subcutaneously (SC), including recently approved SC SACT drugs bortezomib, omacetaxine and trastuzumab (Leveque, 2014). Some SACT drugs can be self-administered by patients who are specifically educated and trained to do so by SACT clinicians, e.g. SC methotrexate and SC cladribine.

3.2 Current Legal or Relevant Expert Guidance

Department of Health (2014) Manual for Cancer Services: Chemotherapy Services Version 1.0, Gateway No: 16104.

file:///C:/Users/user1/Downloads/resources_measures_Chemotherapy_April2014.pdf

Health and Safety Executive (2002) Control of Substances Hazardous to Health (COSHH) Regulations

<http://www.hse.gov.uk/coshh/index.htm>

Health and Safety Executive (2017) Safe Handling of Cytotoxic Drugs in the Workplace.

[online] Available at: <http://www.hse.gov.uk/healthservices/safe-use-cytotoxic-drugs.htm>

Hopkins, U and Arias, C (2013) Large-volume IM injections: A review of best practices.

Oncology Nurse Advisor, January/February 2013: 32 - 37

Leveque, D (2014) Subcutaneous Administration of Anticancer Agents. Anticancer Research 34: 1579-1586

United Kingdom Oncology Nursing Society (UKONS) (2016) Triage Tool

https://www.ukons.org/downloads/Mi_2355814_01_12_16_v1_2.pdf

3.3 Target Audience

All staff who have a role that requires them to administer IM or SC SACT to adult patients with cancer.

3.4 Key Learning Outcomes

The learner will be able to:

- a) Demonstrate knowledge of policies and procedures for managing the care of patients receiving IM and SC SACT
- b) Demonstrate safe handling of IM and SC SACT to reduce the potential for contamination in accordance with local personal protective equipment and non-touch policies
- c) Explain the principles of injection site selection and the rationale for using those sites
- d) Demonstrate appropriate identification of injection sites on a patient prescribed IM or SC SACT
- e) Demonstrate selection of the correct type of syringe, connectors and needle size/gauge
- f) Correctly prepare for IM or SC SACT administration to optimize safe practice and patient comfort
- g) Demonstrate knowledge of the Z-track injection technique and provides and rationale for why this is considered best practice for IM SACT administration
- h) Demonstrate correct administration of injection using Z-track injection technique

- i) Demonstrate assessment and care of a patient during IM/SC administration
- j) Demonstrate safe disposal of cytotoxic and sharps waste according to local policies and procedures
- k) Explain how a patient's understanding of how to administer SC SACT when at home should be assessed
- l) Demonstrate knowledge about information and supportive measures provided to patients and their carers to safely handle and administer SC SACT at home
- m) Explain what information and equipment they should provide patients and their carers in dealing with SC SACT spillage at home
- n) Explain what information they should provide to patients and their carers about safe return of unused SC SACT and sharps for disposal
- o) Demonstrate knowledge of side effects of the SACT drug, and what advice to give patients and carers about seeking help if they have signs or symptoms of side effects from their IM or SC SACT

Context-specific Knowledge and Understanding

In addition to the core learning outcomes above, learners will be expected to achieve further learning outcomes in the context of their own role, i.e.

- the duties and responsibilities of their specific role
- their organisation's policies and procedures relevant to their role
- their agreed personal work objectives
- their current knowledge, understanding and skills
- identified gaps in their knowledge, understanding and skills
- development opportunities and resources available in their organisation
- sources of feedback on performance in their organisation

All staff who administer IM and/or SC SACT that have previously been assessed as achieving competence, should be assessed for competence on commencement of new employment, a change in area of practice, or returning to practice following a career-break (e.g. more than six months period of leave/absence). All staff who administer IM and/or SC SACT who have previously been assessed as achieving competence, should be assessed annually for re-accreditation of competence for IM and/or SC SACT administration.

3.5 Links to other relevant standards and frameworks

Skills for Health

Skills for Health (2015) Clinical/Care UK Core Skills Training Framework. Accessed January 2019

<http://www.skillsforhealth.org.uk/services/item/146-core-skills-training-framework>

Health Education England, Skills for Health, and Skills for Care (2017) Patient-Centred Approaches Core Skills Education and Training Framework. Accessed January 2019

<https://www.hee.nhs.uk/news-blogs-events/news/new-framework-promote-person-centred-approaches-healthcare>

Subject 4: Administering Intravenous (IV) SACT

4.1 Context Statement

The majority of SACT drugs are administered intravenously (IV), which requires specific handling and administration precautions and care. This is due to the relatively large volume of the drug administered, the use of infusional devices, the irritant and vesicant nature of some cytotoxic drugs, and risks associated with venous access. Extravasation, which is the accidental leakage from the vein into the subdermal or subcutaneous tissue (Pérez Fidalgo et al., 2012), is a particular risk associated with IV SACT administration. Extravasation of SACT drugs can cause tissue damage ranging from mild skin reactions to severe tissue necrosis, dependent on the drug, concentration and volume of the drug.

In addition to infusion-related risks, some patients will have ambulatory IV infusions, so care of the patient receiving IV SACT needs to be managed outside of the acute care setting.

4.2 Current Legal or Relevant Expert Guidance

Health and Safety Executive (2017) Safe Handling of Cytotoxic Drugs in the Workplace. [online] Available at: <http://www.hse.gov.uk/healthservices/safe-use-cytotoxic-drugs.htm>

Pérez Fidalgo JA, Fabregat LG, Cervantes A, Marguiles A, Vidall C and Roila F (2012) Management of chemotherapy extravasation: ESMO clinical practice guidelines, *Annals of Oncology*, 23(supp. 7), pp. vii167-vii173.

Royal College of Nursing (RCN) (2016) Standards for infusion therapy 4th edition. Royal College of Nursing: London

United Kingdom Oncology Nursing Society (UKONS) (2016) Triage Tool https://www.ukons.org/downloads/Mi_2355814_01_12_16_v1_2.pdf

4.3 Target Audience

All staff who have a role that requires them to administer IV SACT to adult patients with cancer.

4.4 Key Learning Outcomes

The learner will be able to:

- a) Describe additional principles and measures used to protect infusion of SACT from risk of spillage
- b) Demonstrate safe preparation of drugs and equipment for IV SACT administration, e.g. using high-sided, non-leak trays, flat, stable surfaces, avoiding sharps and maintaining drug containment/closed systems
- c) Identify compatible infusion solutions for the administration of IV SACT drugs
- d) Calculate correct infusion rate for IV SACT administration
- e) Demonstrate ability to correctly and safely set up/programme and prime appropriate infusion devices
- f) Describe principles of venous access for administering IV SACT
- g) Describe potential risk factors for extravasation injury, naming examples of both irritant and vesicant drugs
- h) Demonstrate asepsis in connecting and managing venous access devices
- i) Identify appropriate sites on a patient for peripheral venous access
- j) Demonstrate knowledge of SACT drugs that should not be administered via peripheral venous cannula, and drugs that are not recommended for peripheral venous infusions
- k) Assess the patency of peripheral and central venous access devices prior to and during SACT administration

- l) Describe the rationale for the duration of the administration of the IV SACT drug, e.g. bolus, two-hour and 24-hour infusions
- m) Describe and distinguish the signs and symptoms of venous flare/ chemical phlebitis and extravasation
- n) Describe signs and symptoms of an extravasation from a central venous access device
- o) Describe own role in preventing and managing extravasation as part of the multi-disciplinary team
- p) Describe the roles of multi-disciplinary team members who would provide specialist management if an extravasation injury occurred
- q) Source equipment and emergency drugs for managing extravasation prior to IV SACT administration
- r) Demonstrate the ability to educate patients and carers about the signs and symptoms of adverse infusion-related reactions, spillage and extravasation and how they should call for help
- s) Demonstrate observation of the patient, venous access site, and infusion during IV SACT administration
- t) Describe immediate actions to be taken if extravasation should occur, specifically referring to the management of a vesicant extravasation, and provide a rationale for these actions
- u) Describe reporting processes for recordings an extravasation event in accordance with local policies and procedures
- v) Monitor the patient during the infusion in accordance with local policies and procedures
- w) Demonstrate correct technique for flushing the line and cannula or central venous access device as appropriate on completion of the infusion
- x) Use appropriate personal and protective equipment and aseptic (non-touch) technique to remove peripheral cannula or disconnect infusion from central venous devices on completion of the infusion, as appropriate
- y) Demonstrate correct technique for flushing a central venous access devices after disconnecting the infusion pump
- z) If the patient is receiving ambulatory SACT, demonstrate effective education to patients and carers on how to check and manage the ambulatory infusion device
- aa) If the patient is receiving ambulatory SACT, demonstrate effective education to patients and carers management of any leaks or spillage, who to contact if concerned
- bb) If the patient is receiving ambulatory SACT, arrange follow-up appointment for discontinuation/disconnection/renewal of the infusion, as appropriate and according to local protocols.

Learners will also be expected to achieve further learning outcomes in the context of their own role, i.e.

- the duties and responsibilities of their specific role
- their organisation's policies and procedures relevant to their role
- their agreed personal work objectives
- their current knowledge, understanding and skills
- identified gaps in their knowledge, understanding and skills
- development opportunities and resources available in their organisation
- sources of feedback on performance in their organisation

All staff who administer IV SACT that have previously been assessed as achieving competence, should be assessed for competence on commencement of new employment, a change in area of practice, or returning to practice following a career-break (e.g. more than six months period of leave/absence). All staff who administer IV SACT who have previously been assessed as achieving competence, should be assessed annually for re-accreditation of competence for IV SACT administration.

4.5 Links to other relevant standards and frameworks

Skills for Health

Skills for Health (2015) Clinical/Care UK Core Skills Training Framework. Accessed January 2019

<http://www.skillsforhealth.org.uk/services/item/146-core-skills-training-framework>

Health Education England, Skills for Health, and Skills for Care (2017) Patient-Centred Approaches Core Skills Education and Training Framework. Accessed January 2019

<https://www.hee.nhs.uk/news-blogs-events/news/new-framework-promote-person-centred-approaches-healthcare>

Subject 5: Pre-Treatment Consultation (All Routes)

5.1 Context Statement

The SACT pre-treatment consultation is a nurse led intervention delivered prior to the first SACT treatment. This aims to:

- Understand and allay patient and carer concerns and fears about impending treatment.
- Support patients to manage the physical, psychological and social effects of SACT, referring to support services as required.
- Enable patients to monitor SACT side effects and to report these to dedicated 24-hour acute oncology helplines.

Patients starting SACT and their family/friends are often frightened and overwhelmed by the cancer diagnosis and the need for treatment. Hearing about impending SACT treatments (including life-threatening side effects) can bring home the seriousness of the diagnosis and heighten fears of dying from the cancer or SACT. It is consequently difficult for patients and carers to listen to SACT information (Skalla et al. 2014; Treacy et al. 2000; Oakley et al. 2016).

Pre-treatment consultations can also be stressful for nurses to deliver, especially if they lack understanding of the most likely side effects of the SACT regimen or are not trained respond to patients' fears. Nurses may consequently further compromise information exchange by delivering pre-treatment consultations around checklists with little patient/clinician interaction (Ream et al. 2013; Oakley et al 2016). The pre-treatment consultation should be viewed as an individualised complex intervention, incorporating therapeutic nurse/patient relationships which are associated with improved patient outcomes (Epstein and Street 2007). The consultation should work to patient and carer agendas by identifying and addressing concerns, informing them about the likely impact, and enabling self-care.

5.2 Current Legal or Relevant Expert Guidance

Oakley, C., Taylor, C., Ream, E., and Metcalfe, A. (2016). Avoidant Conversations about Death by Clinicians cause Delays in Reporting of Neutropenic Sepsis: Grounded Theory Study. *Psycho-Oncology*, [online] Available at:

<http://onlinelibrary.wiley.com/doi/10.1002/pon.4320/abstract> doi:10.1002/pon.4320.

[Accessed 1 September 2017].Oncology Nursing

Nursing and Midwifery Council (2015) The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates.

<https://www.nmc.org.uk/standards/code/>

UK Oncology Nursing Society (UKONS)(2015) Acute Oncology Initial Management Guidelines [online] Available at:

https://www.ukons.org/downloads/FINAL_GUIDELINE_V_1.0_11.pdf

UK Oncology Nursing Society (UKONS). (2016). Oncology/Haematology 24 Hour Triage: Rapid Assessment and Access Toolkit [online] Available at:

https://www.ukons.org/downloads/Mi_2355814_01_12_16_v1_2.pdf

5.3 Target Audience

All staff who have a role that requires them to conduct SACT pre-treatment consultations with adult patients with cancer and their carers.

5.4 Key Learning Outcomes

The learner will be able to:

- a) Review the treatment referral form to ensure it specifies an approved regimen for the disease indication according to treatment protocols, the planned number of treatment cycles, and previous SACT treatment
- b) Review the treatment order to ensure that it specifies relevant medical history, current medications prescribed and allergy status
- c) Review the prescription to ensure that it complete, signed the a registered SACT prescriber and legally valid
- d) Schedule a pre-treatment appointment, as appropriate
- e) Arrange private and appropriately furnished and equipped room to conduct consultation
- f) Arrange for prescribed pre-treatment supportive drugs and SACT to be dispensed and available on date of administration
- g) Demonstrate preparation of SACT pre-treatment consultation literature and documentation, including: patient treatment plan (where available), pre-treatment checklist (where used according to local practice), patient records, 24-hour contact details, drug-specific information sheets, symptom reporting tool (such as the traffic light symptom reporting patient diary), information about common and potentially serious side effects, e.g. neutropenic sepsis and venous thrombotic and embolic events
- h) Demonstrate respect for dignity by greeting and identifying the patient and carer, and introducing all clinicians present at the appointment to patient and their carer, and gaining consent from the patient for other people present to attend the consultation
- i) Initiate person-centred conversation to enable the development of an effective therapeutic nurse-patient/carer relationship
- j) Demonstrate understanding of patients need for information about the nature of the consultation, by stating the purpose of the appointment, outlining its structure, and stating the estimated duration of the consultation
- k) Demonstrate ability to elicit the patient's concerns, and any concerns of the carer
- l) Demonstrate active listening to effectively assess the patient's baseline understanding of their disease, treatment, toxicities and side effect prevention and management
- m) Engage in conversation with the patient and their carer to encourage and address questions and concerns about their disease, treatment, toxicities and side effect prevention and management
- n) Demonstrate empathy by following up both verbal and non-verbal cues to acknowledge and/or clarify feelings of anxiety or distress
- o) Demonstrate kind and sensitive care when responding to a patient's concern, anxiety or distress
- p) Address concerns identified by the patient and/or their carer as a priority at the start of the consultation
- q) Demonstrate both narrative and systematic assessment of a patient's supportive care needs, e.g. by using a person-centred approach and by using standardised assessment tools, where appropriate
- r) Refer patients with specialist needs to colleagues within the multi-disciplinary team and liaise with those colleagues to ensure optimal outcomes for patients
- s) Provide advice and informational support to meet the patient's supportive care needs
- t) Explain the rationale for pacing information-giving and demonstrate the ability to provide information in a timely manner
- u) Demonstrate effective education of the patient and their carer about the side effects of SACT treatment and supportive medication(s), strategies to prevent and/or minimise toxicities (including self-care strategies), who to contact and when
- v) Agree and implement a plan of care with the patient and their carer, which is based on evidence for good practice, to manage treatment-related side effects

- w) Demonstrate ability to confirm patient and carers understanding of self-management strategies, supportive medication, where to access information and support, and what to do/who to contact if any the patient has any symptoms or they have concerns.
- x) Make appropriate referrals to other members of the multi-disciplinary team
- y) Arrange future appointment prior to the end of the consultation
- z) Demonstrate ability to summarise the key points of the consultation and check patient and their carers understanding before the end of the consultation
- aa) Record the activity and outcomes of the consultation and plan of care using the patient record system in accordance with local policies and procedures.

Context-specific Knowledge and Understanding

In addition to the core learning outcomes above, learners will be expected to achieve further learning outcomes in the context of their own role, i.e.

- the duties and responsibilities of their specific role
- their organisation's policies and procedures relevant to their role
- their agreed personal work objectives
- their current knowledge, understanding and skills
- identified gaps in their knowledge, understanding and skills
- development opportunities and resources available in their organisation
- sources of feedback on performance in their organisation

All staff who conduct SACT pre-treatment consultations that have previously been assessed as achieving competence, should be assessed for competence on commencement of new employment, a change in area of practice, or returning to practice following a career-break (e.g. more than six months period of leave/absence). All staff who conduct SACT pre-treatment consultations who have previously been assessed as achieving competence, should be assessed annually for re-accreditation of competence for conducting SACT pre-treatment consultations.

5.5 Links to other relevant standards and frameworks

Skills for Health

Skills for Health (2015) Clinical/Care UK Core Skills Training Framework. Accessed January 2019

<http://www.skillsforhealth.org.uk/services/item/146-core-skills-training-framework>

Health Education England, Skills for Health, and Skills for Care (2017) Patient-Centred Approaches Core Skills Education and Training Framework. Accessed January 2019

<https://www.hee.nhs.uk/news-blogs-events/news/new-framework-promote-person-centred-approaches-healthcare>

Subject 6: Pre-Treatment Consultation for Oral SACT

6.1 Context Statement

For the large majority of patients prescribed oral SACT, treatment is administered by the patient or their carer in the patient's own home. Oral SACT and supportive medication treatment plans can be complex, resulting in issues with patients taking their oral SACT as prescribed (Given, Spoelstra, & Grant, 2011). Poor or under-adherence to oral SACT has been reported in 20% to 80% of patients (Spoelstra & Given, 2011), and taking more than the prescribed dose of oral SACT, which can result in significant and potentially life-threatening treatment toxicities, has also been reported (Mayer et al., 2009). Oakley et al. (2016) also reported that clinician avoidance of conversations with patients in pre-treatment consultations about death is attributed to patients seeking help when they experience symptoms of neutropenic sepsis.

One strategy to assist patients taking their oral SACT is the provision of patient education (Halfdanarson & Jatoi, 2010). Guidelines have been produced by the British Oncology Pharmacy Association (2004), the Multi-national Association for Supportive Care in Cancer (MASCC) (Kav et al., 2010) and UKONS to facilitate oral SACT education delivery.

6.2 Current Legal or Relevant Expert Guidance

Multinational Association for Supportive Care in Cancer (MASCC) (2012) MASCC Oral Agent Teaching Tool (MOATT) [online] Available at: www.mascc.org/MOATT

Oakley, C., Lennan, E., Roe, H., Craven, O., Harrold, K. and Vidall, C. (2010b) Safe Practice and Nursing Care of Patients Receiving Oral Anticancer Medicines: A Position Statement from the UK Oncology Nursing Society (UKONS). *Ecancermedicalscience* [online] Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3234027/>

Oncology Nursing Society, (2016). Oral Adherence Toolkit. [online] Available at: https://www.ons.org/sites/default/files/ONS_Toolkit_ONLINE.pdf

UK Oncology Nursing Society (UKONS) (2015) Acute Oncology Initial Management Guidelines [online] Available at: https://www.ukons.org/downloads/FINAL_GUIDELINE_V_1.0_11.pdf

UK Oncology Nursing Society (UKONS) (2016) Oncology/Haematology 24 Hour Triage: Rapid Assessment and Access Toolkit [online] Available at: https://www.ukons.org/downloads/Mi_2355814_01_12_16_v1_2.pdf

6.3 Target Audience

All staff who have a role that requires them to conduct oral SACT pre-treatment consultations with adult patients with cancer and their carers.

6.4 Key Learning Outcomes

The learner will be able to:

- a) Assess the cognitive and physical ability of the patient and/or their carer to self-medicate by asking them to talk through when and how they should take their medication and observe any physical impairment that might affect their ability to self-medicate
- b) Demonstrate competence in supporting and educating patients and their carers in managing side effects of oral SACT
- c) Use reference to traffic light symptom reporting aids and discuss scenarios, to assess the ability of the patient and/or their carer to monitor for symptoms of side effects, self-

manage where appropriate, and seek medical help where appropriate and in a timely manner

- d) Demonstrate effective communication about the: oral SACT regimen; treatment cycles and schedules; planned treatment gaps; how and when to take the oral SACT; what to do in the event of a missed dose; how to obtain further treatment supplies; the role of the GP; how to safely handle, store and dispose of oral SACT; and the use of medicine spoons, oral syringes or cups
- e) Use appropriate language and terminology to explain the rationale for dose alteration
- f) Explain the effect of dose-reduction or dose-interruption due to treatment toxicity on treatment efficacy (in relation the pharmacokinetics and the therapeutic index) and treatment completion
- g) Make appropriate referrals to other members of the multi-disciplinary team
- h) Arrange future appointment prior to the end of the consultation
- i) Demonstrate ability to summarise the key points of the consultation and check patient and their carers understanding before the end of the consultation
- j) Record the activity and outcomes of the consultation and plan of care using the patient record system in accordance with local policies and procedures.

Context-specific Knowledge and Understanding

In addition to the core learning outcomes above, learners will be expected to achieve further learning outcomes in the context of their own role, i.e.

- the duties and responsibilities of their specific role
- their organisation's policies and procedures relevant to their role
- their agreed personal work objectives
- their current knowledge, understanding and skills
- identified gaps in their knowledge, understanding and skills
- development opportunities and resources available in their organisation
- sources of feedback on performance in their organisation

All staff who conduct SACT pre-treatment consultations that have previously been assessed as achieving competence, should be assessed for competence on commencement of a change in area of practice e.g. IV SACT or oral SACT or vice versa, or returning to practice following a career-break (e.g. more than six months period of leave/absence). All staff who conduct SACT pre-treatment consultations who have previously been assessed as achieving competence, should be assessed annually for re-accreditation of competence for conducting SACT pre-treatment consultations.

6.5 Links to other relevant standards and frameworks

Skills for Health

Skills for Health (2015) Clinical/Care UK Core Skills Training Framework. Accessed January 2019

<http://www.skillsforhealth.org.uk/services/item/146-core-skills-training-framework>

Health Education England, Skills for Health, and Skills for Care (2017) Patient-Centred Approaches Core Skills Education and Training Framework. Accessed January 2019

<https://www.hee.nhs.uk/news-blogs-events/news/new-framework-promote-person-centred-approaches-healthcare>

References

Benner P (1984) *From Novice to Expert, Excellence and Power in Clinical Nursing Practice*. Menlo-Park: Addison Wesley Publishing Company.

British Oncology Pharmacy Association (2004) Position statement on safe practice and the pharmaceutical care of patients receiving oral anticancer chemotherapy. Accessed on 13.04.2018 at <https://www.nice.org.uk/guidance/ta100/documents/british-oncology-pharmacy-association-22>

British Medical Association, Royal Pharmaceutical Society (2018) British National Formulary. Edition 76. London. BMJ group and Pharmaceutical Press
Cancer Research UK (CR UK) (2016) Consent for Systemic Anti-Cancer Therapy Guidance Issued by the National Chemotherapy Board
http://www.cancerresearchuk.org/sites/default/files/consent_guidance_doc_v2016-07_approved_by_ncb.pdf

Chemocare.com (2002-2017) Chemocare. <http://chemocare.com/> Accessed January 2019

Department of Health (2014) Manual for Cancer Services: Chemotherapy Services Version 1.0, Gateway No: 16104.
file:///C:/Users/user1/Downloads/resources_measures_Chemotherapy_April2014.pdf
Accessed January 2019

Epstein R., Street RL. (2007). *Patient-centered communication in cancer care: promoting healing and reducing suffering*, National Cancer Institute, US Department of Health and Human Services, National Institutes of Health.

European Society For Medical Oncology (ESMO) (2017) Rosello, S. Blasco I , Garcia Fabregat L. , Cervantes A. & Jordan K Management of infusion reactions to systemic anticancer therapy: ESMO Clinical Practice Guidelines CLINICAL PRACTICE GUIDELINES Annals of Oncology 28 (Supplement 4): iv100–iv118, 2017 doi:10.1093/annonc/mdx216
<http://www.esmo.org/Guidelines/Supportive-and-Palliative-Care/Management-of-Infusion-Reactions-to-Systemic-Anticancer-Therapy>

Given, B. A., Spoelstra, S. L., & Grant, M. (2011). The Challenges of Oral Agents As Antineoplastic Treatments. *Seminars in Oncology Nursing* 27(2): 93 - 103.

Halfdanarson, T. R., & Jatoi, A. (2010). Oral Cancer Chemotherapy: The Critical Interplay Between Patient Education and Patient Safety. *Current Oncology Reports*, 12: 247 - 252.

Health and Safety Executive (2002) Control of Substances Hazardous to Health (COSHH) Regulations
<http://www.hse.gov.uk/coshh/index.htm>
Accessed January 2019

Health and Safety Executive (2015) Handling Cytotoxic Drugs in Isolators in NHS Pharmacies. [online] Available at: <http://www.hse.gov.uk/pubns/ms37.htm>
Accessed January 2019

Health and Safety Executive (2017) Safe Handling of Cytotoxic Drugs in the Workplace. [online] Available at: <http://www.hse.gov.uk/healthservices/safe-use-cytotoxic-drugs.htm>
Accessed January 2019

Health Education England, Skills for Health, and Skills for Care (2017) Patient-Centred Approaches Core Skills Education and Training Framework. Accessed January 2019 <https://www.hee.nhs.uk/news-blogs-events/news/new-framework-promote-person-centred-approaches-healthcare>

International Society of Oncology Pharmacy Practitioners Standards Committee (ISOPP) (2007) ISOPP standards of practice. Safe Handling of cytotoxics *Journal of Oncology Practice* 13(suppl)1:1-81 http://www.oncosystems.com.tr/dosyalar/ISOPP_Standards_of_Practice_-_Safe_Handling_of_Cytotoxics.pdf

Leveque, D (2014) Subcutaneous Administration of Anticancer Agents. *Anticancer Research* 34: 1579-1586

Mancini, R. S., & Wilson, D (2012) A pharmacist-managed oral chemotherapy program. *Oncology Issues, January/February*, 28 - 31.

Mayer, E. L., Partridge, A. H., Harris, L. N., et al. (2009) Tolerability of and adherence to combination oral therapy with gefitinib and capecitabine in metastatic breast cancer. *Breast Cancer Research and Treatment*, 117: 615 - 623.

Mccorkle R., Ehlke, G. (1992). Both sides of the fence: A nurse's personal experience with cancer and her rehabilitation needs. *In: 7th International Conference on Cancer Nursing, Vienna.*, pp- 15-16.

Multinational Association for Supportive Care in Cancer (MASCC) (2012) MASCC Oral Agent Teaching Tool (MOATT) [online] Accessed January 2019: www.mascc.org/MOATT

National Health Service England (2015) Never Events List 15/16 <https://www.england.nhs.uk/wp-content/uploads/2015/03/never-evnts-list-15-16.pdf>

National Patient Safety Agency (2008) Rapid Response Report: Risks of incorrect dosing of oral anti-cancer medicines <http://www.nrls.npsa.nhs.uk/resources/?entryid45=59880>

National Chemotherapy Advisory Group NCAG (2009) Chemotherapy Services in England: Ensuring quality and safety. *A report from the national chemotherapy advisory group* http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_104501.pdf

Oakley, C., Lennan, E., Roe, H., Craven, O., Harrold, K., & Vidall, C (2010a) Safe practice and nursing care of patients receiving oral anticancer medicines: a position statement from UKONS. *ecancer*, 4(177).

Oakley, C., Johnson, J., & Ream, E (2010b) Developing an intervention for cancer patients prescribed oral chemotherapy: a generic patient diary. *European Journal of Cancer Care*, 19, 21 - 28.

Oakley, C., Taylor, C., Ream, E., and Metcalfe, A. (2016) Avoidant Conversations about Death by Clinicians cause Delays in Reporting of Neutropenic Sepsis: Grounded Theory Study. *Psycho-Oncology*, [online] doi: 10.1002/pon.4320. *Oncology Nursing* Available at: <http://onlinelibrary.wiley.com/doi/10.1002/pon.4320/abstract>

Oncology Nursing Society, (2016). Oral Adherence Toolkit. [online] Available at: https://www.ons.org/sites/default/files/ONS_Toolkit_ONLINE.pdf

Oncology Nursing Society VOICE (2016) Adherence to Oral Agents for Cancer [online] Available at: <https://voice.ons.org/news-and-views/adherence-to-oral-agents-for-cancer>

Pérez Fidalgo JA, Fabregat LG, Cervantes A, Marguiles A, Vidall C and Roila F (2012) Management of chemotherapy extravasation: ESMO clinical practice guidelines, *Annals of Oncology*, 23(supp. 7), pp. vii167-vii173.

Ream E., Pedersen V., Oakley, C., Richardson, A., Taylor, C. & Verity, R. (2013). Informal carers' experiences and needs when supporting patients through chemotherapy: a mixed method study. *European Journal of Cancer Care*, 22, pp 797-806.

Royal College of Nursing (RCN) (2016) Standards for infusion therapy 4th edition. Royal College of Nursing: London

Skalla KA., Bakitas M., Furstenberg C.T., Ahles T., Henderson, JV. (2004). Patients' need for information about cancer therapy. *In: Oncology Nursing Forum*, Onc Nurs Society, 313-319.

Skills for Health (2015) Clinical/Care UK Core Skills Training Framework. Accessed January 2019
<http://www.skillsforhealth.org.uk/services/item/146-core-skills-training-framework>

Spoelstra, S. L., & Given, C. W. (2011) Assessment and Measurement of Adherence to Oral Antineoplastic Agents. *Seminars in Oncology Nursing*, 27(2): 116 - 132

Tobias JS, Hochhauser D (2015) Systemic treatment for cancer. *In: Tobias JS, Hochhauser D (eds) Cancer and its management. Seventh edition. edn. Wiley Blackwell, Chichester, pp 77 – 107*

The Quality Assurance Agency for Higher Education (2014) UK Quality Code for Higher Education Part A: Setting and Maintaining Academic Standards: The Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies
<https://www.qaa.ac.uk/docs/qaa/quality-code/qualifications-frameworks.pdf>
Accessed January 2019

Treacy JT, Mayer, D. K. (2000) Perspectives on cancer patient education. *Seminars in oncology nursing*, 2000. Elsevier, pp 47-56.

United Kingdom Oncology Nursing Society (UKONS) (2016) Triage Tool: Rapid Assessment and Access Toolkit https://www.ukons.org/downloads/Mi_2355814_01_12_16_v1_2.pdf

UK Oncology Nursing Society (UKONS) (2015) Acute Oncology Initial Management Guidelines [online] Available at:
https://www.ukons.org/downloads/FINAL_GUIDELINE_V_1.0_11.pdf

UK Oncology Nursing Society (2017) Systemic Anti-cancer Therapy (SACT) Competence Passport: Oral, intravenous, subcutaneous and intramuscular SACT administration for adult patients
https://www.whatdotheyknow.com/request/242427/response/602988/attach/3/CSTF%20Subject%20Guide%20v1%202.pdf?cookie_passthrough=1

Appendices

Appendix 1: The User Guide

A1.1 Learner pre-requisites

Pre-requisites for clinicians undertaking competence assessment:

- Clinicians must have gained competence in calculations for medicines administration according to local policies and procedures
- Clinicians should have gained requisite competence related to medicines management and SACT, in accordance with local policy
- Clinicians undertaking assessment for intravenous SACT administration should have gained competence in the care and management of peripheral devices and central venous access devices (where applicable to role); and ideally have gained venous cannulation competence

A1.2 Learning outcomes

The learning outcomes aim to describe what the learner will know, understand, or be able to do as a result of their learning. Achievement of competence against the learning outcomes will be assessed using Criteria for the Standard of Competence, according to Benner's (1984) Novice to Expert Framework.

Benner's Competence Criteria requires learners to:

- Utilise a problem solving approach
- Demonstrate a sound knowledge base with a rationale for care
- Evaluate own care
- Utilise an appropriate evidence-based approach to care delivery
- Demonstrate safe and effective practice
- Recognises changes in patients' condition
- Be able to transfer knowledge and skills between different patient and environmental situations
- Be able to communicate effectively within the multi-disciplinary team.

These criteria closely align with the Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies level 6 assessment criteria (Quality Assurance Agency for Higher Education, 2014).

The student should initially assess their own level of knowledge against the Framework at the beginning of their learning to identify their learning needs. The learning outcomes in the Framework can also be used by the learner and the assessor during the learning period to provide feed-forward evaluative comments and identify further specific learning needs. All learning outcomes in relevant Subjects within the Framework must be achieved at a level of competence to gain over all competence in SACT administration, and where relevant pre-treatment consultation.

A1.3 Training and Assessment

This Framework does not provide guidance on SACT education and training. It can be used alongside or following completion of the UKONS SACT Competence Passport to record

achievement of learning outcomes in the Routes of Administration and Pre-treatment Consultation Sections of the Passport. This Framework might be used to inform skills assessment on HEI accredited SACT modules.

A1.4 Target audience

This Framework outlines the skills, knowledge and behaviours expected for the delivery of the safe and competence SACT administration and patient care, to optimise patients' outcomes and experiences.

It aims to provide **clinicians/learners and assessors** with clear expectations about how competence should be achieved, for example the demonstration of a specific skill, so that they can conduct a learning needs and development analysis and plan future training to meet learning needs.

The Framework helps **educators, trainers and workforce development staff** that design SACT education and training to focus on the key knowledge and skills that learners need to achieve. This can then be mapped using constructive-alignment to SACT education and training content, delivery and assessment. The learning outcomes can also be used to evaluate learning and training resources, by determining if learners are able to achieve the required outcomes and offer a means to evidence quality assurance.

The Framework will help **managers and commissioners** to identify specific outcomes required from SACT education, training and workforce development initiatives and interventions. Importantly, managers will also be demonstrate planning and delivery of SACT education, training and workforce development that aligns with the UKONS SACT Competence Passport.

Higher Education Institutions that provide accredited SACT education, can use the Framework to inform the development and design of clinically-relevant curricula to assist healthcare organisations develop the future SACT workforce.

Adoption of this Framework across the UK will ensure consistency and standardisation of SACT education, training and assessment, alongside utilisation and completion of the UKONS SACT Competence Passport. This will enable clinicians who have gained SACT competence to have transferable knowledge and skills, and will also promote standardised approaches to SACT administration and patient care. This in turn will promote system-wide efficiencies by reducing the need to duplicate education and training for clinicians that have achieved SACT competence.

Appendix 2: Standards for Education and Training Delivery

The employing organisation should be assured that SACT educators, trainers and/or workforce development staff have the appropriate education and experience to deliver SACT training and conduct SACT assessments.

Before clinicians commence supervised SACT practice, they should have undertaken SACT work-based education, attended a SACT course, or complete a university-accredited SACT module that includes the following educational content:

- 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 – what is next?

Supervision of SACT Practice

The clinician is expected to initially practice handling and administering SACT under direct supervision of a SACT competent clinician to gain competence and confidence.

A clinician named on the Trust SACT register should provide supervision, and be physically present, able to observe the trainee clinician and assist as required. The supervisor should be involved in regular SACT practice and not personally involved in needing to regain competence, e.g. post a drug error. Local policies should specify expected time frames for achievement of the learning outcomes in this Framework.

The pre-treatment consultation learning outcomes may be assessed for achievement of competence after achievement of SACT learning outcomes in Subject One and Subjects Two, Three and/or Four. They should have gained sufficient practice experience to consolidate SACT administration practice and understand patients' experiences of SACT.

Assessment of achievement of learning outcomes

SACT Assessors will be Band 6 or above clinicians who have attained SACT competency and are practicing regularly.

Assessors will have completed the mentorship preparation programme (or equivalent) and/or have a recognised teaching qualification.

There is usually a Trust named person who holds assumed competence, such as a lead or consultant nurse e.g. lead/consultant chemotherapy nurse, lead/consultant cancer nurse. This professional is encouraged to obtain peer assessment and feedback from a colleague performing the same role in another trust.

The trust named person would subsequently assess day unit matrons, day unit/ward managers, and practice educators to fulfil their role as a Trust Approved SACT Assessor. They in turn can then train others to be assessors only with the approval of the Trust named person.

The employing organisation should also ensure that quality assurance and governance mechanisms are in place, to review the accuracy and effectiveness of the content and effectiveness of SACT education and training delivered, whether that is face-to-face or by e-learning.

Appendix 3: Frequency of Assessment and Re-assessment Guidance

- a) All clinicians new to SACT should have achieved competence against all learning outcomes in Subject One, and all learning outcomes in Subjects Two to Six, relevant to their roles.
- b) All clinicians transferring areas of practice who have previously achieved competence against all learning outcomes in Subject One, and all learning outcomes in Subjects Two to Six, relevant to their roles, should complete the sections relevant to their new role, as their employer should be satisfied that the individual has achieved competence against the relevant learning outcomes. An example of this is when a clinician has been assessed as competent to give oral SACT only and moves to a role where they are required to additionally give IV SACT, or vice versa.
- c) All clinicians who have previously achieved competence against all learning outcomes in Subject One, and all learning outcomes in Subjects Two to Six, relevant to their roles and are returning to SACT practice after a break for a period of six months or more, should re-complete the sections relevant to their role, as the employer should be satisfied that the individual's SACT competence is current.
- d) All clinicians who have previously achieved competence against all learning outcomes in Subject One, and all learning outcomes in Subjects Two to Six, relevant to their roles, should complete an annual self-assessment of achievement of the learning outcomes relevant to their role, to ensure ongoing currency of their competence. Employers should verify that that annual SACT re-assessment has been undertaken and achieved.

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