

Level 2: Competence Re-accreditation Certificate

It is expected that learners will meet a level of safety and competence on initial completion of the theoretical passport to attain accreditation. However, it is acknowledged that ongoing learning and development will occur, and learners are encouraged to revisit and add to their answers to demonstrate this progress.

UKONS & UKAOS Level 2 Acute Oncology Knowledge and Skills Competence Re-accreditation Certificate (3 yearly completion)

1. Personal Development

I have, within the previous 3 years, demonstrated continual professional development in relation to Level 2 of the UKONS Acute Oncology Knowledge and Skills Guidance, (e.g., through completion of e-learning, conference presentations, workshops or study day attendance), and use evidence-based practice.

2. Policies and Standards

I have read and understood the current local/alliance:

Acute Oncology Guidelines/Policy

Patient alert cards and advice line services information

Local Acute Oncology Service information and referral pathways

Other (organisation specific) please name:

3. Declarations

I declare that I am competent to independently complete the following outcomes:

Refer within appropriate local Acute oncology pathways

Demonstrate an understanding of the 24/7 patient advice line and local AO services

Use risk assessment tools within scope of practice to recognise red flag symptoms requiring urgent assessment

Demonstrate importance of communication within safe and efficient patient care pathways

Demonstrate responsibilities around comprehensive documentation and timely reporting

4. Re-accreditation confirmation

I wish my name to remain on the register of learners accredited to Level 2 competencies as outlined within the UKONS Acute Oncology Knowledge & Skills Guidance (2018)

I remain competent in all the above outcomes and have demonstrated continued learning in practice to evidence this knowledge

I understand that my name will be removed from the register 3 years after the date of certification unless I apply for re-accreditation

Learner Signature:

Date:

Name:

Position:

I certify that

remains competent within the Level 2 framework for

Acute Oncology Knowledge & Skills

Assessor Signature:

Date:

Name:

Position:

Your name will be removed from the register at

Named Service Provider

on

DD/MM/YYYY

(Original of assessment record to be kept by the Clinician and a copy made for the manager)