**Prescriber competencies for reviewing and prescribing**

**Systemic Anti-Cancer Therapy**

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**ANNEX A: Templates for recording competencies and SACT prescriptions**

This Annex contains suggested templates for recording of SACT competencies and prescriptions. Their use is not mandatory and the content can be adapted to reflect local practice.

*The full guidance on Prescriber competencies for reviewing and prescribing Systemic Anti-Cancer Therapy is available on the* [*UK SACT Board website*](https://www.uksactboard.org/_files/ugd/638ee8_e24b19ce0e0e4bbdbe265e8c062c6a95.pdf)*.*

**Competency Level 2: Review and Authorise administration of Systemic Anti-Cancer Therapy (SACT)**

**Record of Competencies**

Name: ..................................................................... Job Title:...........................................................

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| **Competency Level 2**  **(Review and Authorise Administration of SACT)** | **Supporting Statement / List of Evidence** | **Date Achieved** | **Supervisor Signature** |
| Ability to define the scientific mechanism of action of the SACT used in the management of cancer patients |  |  |  |
| Ability to define the principles for dose delay or dose reduction of systemic therapies, based upon haematological toxicity |  |  |  |
| Ability to determine the antiemetic requirements of patients receiving SACT |  |  |  |
| Can define the likely adverse effects of SACT in common usage within the relevant clinical service |  |  |  |
| Ability to identify appropriate pharmacological and nonpharmacological supportive measures that may be required for SACT |  |  |  |
| Ability to perform a thorough assessment of toxicity and record the clinical information using defined systems such as the Common Toxicity Criteria |  |  |  |
| Can review a prescription for SACT and accurately identify any errors or omissions | Completion of 8 supervised authorisations of SACT |  |  |
| Can correctly and accurately authorise SACT treatment to proceed following assessment of the patient and relevant laboratory investigations |  |  |  |

**Competency Level 2: Review and Authorise administration of SACT**

**A minimum of 8 SACT prescriptions should be authorised under supervision**

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|  | **SACT regimen** | **Date** | **Supervisor signature** |
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Practitioner’s Signature:……………………………….…………… Date:……………………

I confirm that ………………………………………………….….….

Has completed Level 2 competency to review and authorise SACT prescriptions

Competency approved by:

Name:…………………………….. Signature:………………………… Date:……………………

**Competency Level 3: Prescribe Systemic Anti-Cancer Therapy which has been initiated**

**Record of Competencies**

Name: ..................................................................... Job Title:...........................................................

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| **Competency Level 3**  **(Prescribe Systemic Anti-Cancer therapy – 2nd cycle onwards)** | **Supporting Statement / List of Evidence** | **Date Achieved** | **Staff Signature** |
| Completion of Competency Level 2 |  |  |  |
| Can define the methods for calculating the correct dose of medication for administration including those based on body surface area, pharmacokinetic and pharmacodynamic principles |  |  |  |
| Can define the scientific basis and parameters for dose modifications to systemic therapy in the light of clinical data relating to the liver, renal, haematological and other organ systems |  |  |  |
| Ability to prescribe antiemetic medications appropriate to the chosen therapy and ability to modify following review of the patient’s situation and symptoms following previous treatments. |  |  |  |
| Ability to demonstrate knowledge and understanding of the indications for and adverse reactions associated with the use of blood products |  |  |  |
| Can define the requirement of Good Clinical Practice as it relates to clinical trials |  |  |  |
| Can prescribe appropriate pharmacological and non-pharmacological supportive measures that may be required by patients receiving SACT, including growth factors and supportive medication |  |  |  |
| Can prescribe and order SACT following assessment of the patient and relevant laboratory investigations using local electronic prescribing systems | Completion of minimum of 8 SACT prescriptions – 2nd cycle onwards |  |  |
| Can accurately prescribe SACT using various methods for calculating the correct dose of medication for administration including those based on body surface area, pharmacokinetic and pharmacodynamic principles |  |  |  |
| Can implement a dose delay or dose reduction of systemic therapies, based upon haematological and non-haematological toxicity |  |  |  |
| Can determine that a patient may not be tolerating the treatment as expected and appropriately involves more senior colleagues in the review of the patient |  |  |  |
| Can assess objective tumour response by clinical, serological and radiological parameters and appropriately involve medical colleagues in the confirmation of response as required |  |  |  |

**Competency Level 3: Prescribe Systemic Anti-Cancer Therapy which has been initiated**

**A minimum of 8 SACT prescriptions for cycle 2 onwards should be completed under supervision; these should include a range of regimens within the area of practice.**

Area of practice:……………………………………………………….…….

Supervisor to specify below any named regimens, which should be included:

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|  | **SACT regimen** | **Date** | **Supervisor signature** |
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Practitioner’s Signature:……………………………….…………… Date:……………………

I confirm that …………………………………………….…………..

Has completed Level 3 competency to prescribe SACT that has been previously initiated

Competency approved by:

Name:…………………………….. Signature:………………………… Date:……………………

**Competency Level 4: Initiation of Systemic Anti-Cancer Therapy – 1st Cycle onwards (ST3 and above)**

**Record of Competencies**

Name: ….................................................................. Job Title:…........................................................

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| **Competency Level 4**  **(Initiation of Systemic Anti-Cancer therapy – 1st cycle onwards)** | **Supporting Statement / List of Evidence** | **Date Achieved** | **Doctor Signature** |
| Has demonstrated competency at Level 2 and 3 |  |  |  |
| Can define the scientific mechanism of action of the SACT used in the management cancer patients and identify when this may interact with other prescribed drugs |  |  |  |
| Can define the long-term effects of SACT including the impact on fertility and risk of a secondary malignancy |  |  |  |
| Can define eligibility for local clinical trials within tumour specific area and initiate and prescribe subsequent SACT as coinvestigator. |  |  |  |
| Can initiate SACT for specific named malignancies following initial assessment of patient by medical consultant, considering the decisions made during a multidisciplinary team meeting and following an agreed treatment algorithm | Completion of minimum of 8 supervised 1st cycle SACT prescriptions |  |  |
| Can modify the dosage of 1st cycle of SACT based on pharmacokinetic and pharmacodynamic information relating to a patient |  |  |  |
| Can modify the dosage of SACT based upon the co-morbidity of the patient and other factors such as the frailty of the patient |  |  |  |
| Can perform a thorough assessment of SACT toxicity and report adverse events to appropriate regulatory authorities |  |  |  |
| Can obtain informed consent for SACT following appropriate discussion of indications and likely adverse effects of treatment (in conjunction with medical consultant as part of an agreed pathway) |  |  |  |
| Can appropriately request assistance or advice when a situation requires the involvement of a more senior colleague |  |  |  |

**Competency Level 4: Initiation of Systemic Anti-Cancer Therapy - 1st Cycle onwards**

**A minimum of 8 SACT prescriptions for 1st cycle should be completed under supervision; these should include a range of regimens within the area of practice.**

Area of practice:………………………………………………………….

Supervisor to specify below any named regimens, which should be included:

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| --- | --- | --- | --- |
|  | **SACT regimen** | **Date** | **Supervisor signature** |
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Practitioner’s Signature:……………………………….…………… Date:……………………

I confirm that …………………………………………….…………..

Has completed Level 4 competency to initiate and prescribe 1st cycle SACT

Competency approved by:

Name:…………………………….. Signature:………………………… Date:……………………

**Competency Level 5: Initiation of Systemic Anti-Cancer Therapy (Consultant level)**

**Record of Competencies**

Name: ..................................................................... Job Title:...........................................................

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| **Competency level 5 Consultant level** | **Supporting Statement / List of Evidence** | **Date Achieved** | **Doctor Signature** |
| Completion of Level 4 competency |  |  |  |
| Can define strategies to introduce a new therapy within a clinical department |  |  |  |
| Can identify the training needs of all healthcare professional involved in SACT prescribing |  |  |  |
| Ability to define the regulatory framework for the development of new SACT |  |  |  |
| Ability to identify the exceptional circumstances when it will be necessary to customise a SACT prescription for an individual patient |  |  |  |
| Ability to perform a critical analysis of the published evidence of benefit for a new therapy and advise re the cost effectiveness and likely benefits |  |  |  |
| Ability to participate in the evaluation of a new therapy as an investigator for a clinical trial |  |  |  |
| Demonstrates leadership within a directorate eg involvement with development and maintenance of guidelines/ introduction of new therapies |  |  |  |

**Competency Level 5: Initiation of Systemic Anti-Cancer Therapy (Consultant level)**

**A minimum of 8 SACT prescriptions for 1st cycle should be completed under supervision; these should include a range of regimens within the area of practice and prescribing for patients with complex needs including rare tumours, co-morbidities, impaired organ function**

Area of practice:………………………………………………………….

Supervisor to specify below any named regimens /specific conditions that should be included:

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|  | **SACT regimen** | **Date** | **Supervisor signature** |
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Practitioner’s Signature:……………………………….…………… Date:……………………

I confirm that …………………………………………….…………..

Has completed Level 5 competency to initiate and prescribe SACT at Consultant level

Competency approved by:

Name:…………………………….. Signature:………………………… Date:……………………