



# Prescriber competencies for reviewing and prescribing Systemic Anti-Cancer Therapy

November 2023

## Contents

	<b>Page</b>
<b>1. Introduction</b>	<b>3</b>
<b>2. Purpose of this document</b>	<b>4</b>
<b>3. Competency Levels</b>	<b>4</b>
<b>4. Demonstration and recording of competencies</b>	<b>7</b>
<b>5. Advice for current SACT prescribers</b>	<b>8</b>
<b>6. Acknowledgements and Disclaimer</b>	<b>8</b>
<b>7. References</b>	<b>9</b>
<b>Annex A: templates for recording competencies and SACT prescriptions</b>	<b>10</b>
• Competency Level 2: Review and Authorise administration of Systemic Anti-Cancer Therapy	
○ Record of Competencies	
○ Record of SACT prescriptions	
• Competency Level 3: Prescribe Systemic Anti-Cancer Therapy which has been initiated	
○ Record of Competencies	
○ Record of SACT prescriptions	
• Competency Level 4: Initiation of Systemic Anti-Cancer Therapy – 1st Cycle onwards (ST3 and above)	
○ Record of Competencies	
○ Record of SACT prescriptions	
• Competency Level 5: Initiation of Systemic Anti-Cancer Therapy (Consultant level)	
○ Record of Competencies	
○ Record of SACT prescriptions	

## 1. Introduction

The systemic management of cancer involves use of a wide range of agents collectively referred to as systemic anti-cancer therapy (SACT).

For safe and effective use, it is essential that those prescribing these agents have a thorough working knowledge of their mode of action, metabolism and potential side effects. The prescriber must also understand how patient-related factors may necessitate dose or schedule alteration, drug omission and the clinical indication for drug usage in the first instance.

The need for formal assessment and documentation of competency in prescribing SACT is based on the following:

1. In response to the National Confidential Enquiry into Patient Outcome and Death report<sup>1</sup>, the former National Chemotherapy Advisory Group (NCAG) suggested that prescribing, prescription verification and dispensing of cytotoxic SACT should only be undertaken by appropriately trained staff. In addition, all SACT services should maintain up-to-date lists of staff who are authorised to prescribe, check prescriptions and dispense SACT<sup>2</sup>.
2. Revised guidance for the Safe Delivery of Systemic Anti-Cancer Therapy<sup>3</sup>, published in 2012, includes a requirement that *“All staff involved in SACT have appropriate skills, knowledge and training in their field of practice”*.
3. Concerns regarding the prescribing and administration of cytotoxic and immunosuppressant agents set out in a report from the Academy of Medical Royal Colleges (AoMRC) in 2013<sup>4</sup>.
4. Recommendations contained in *Achieving safer prescription of cytotoxic agents: Academy recommendations*’ produced by the AoMRC in 2015<sup>5</sup>.

For medical oncologists and clinical oncologists, the Royal College of Physicians’ (RCP’s) and The Royal College of Radiologists’ (RCR’s) training curricula mandate that SACT prescribing is formally assessed as a Capability in Practice (CiP)<sup>6,7</sup>. Those training in haematology have similar competencies described. Throughout training, competency is described at Levels 1-4, from ‘observe only’ to ‘acting unsupervised’.

CiP 12 describes the competency for safe delivery of SACT:

***‘Safely and effectively delivering, and managing patients receiving, standard systemic anticancer therapies (SACT) in the curative, neo-adjuvant, adjuvant and palliative settings’.***

There are ten key elements (descriptors) to be assessed in a number of ways including direct observations and appraisals:

1. Selects the most appropriate SACT regimen and associated supportive measures for the clinical situation according to available evidence, Multidisciplinary Team (MDT) discussion and holistic patient assessment.
2. Modifies approach to address the specific needs of individual patients, including vulnerable groups.
3. Clearly communicates the benefits and risks of available treatment options, including those available within clinical trials, to enable informed consent.
4. Applies the knowledge of mechanisms of action and treatment toxicities to pre-empt, monitor and manage these in patients receiving SACT.
5. Co-ordinates the appropriate investigations, procedures and logistic arrangements required for SACT delivery.
6. Generates a SACT prescription that is safe and accurate.
7. Evaluates toxicity and response during treatment and adapts SACT/supportive measures accordingly, balancing treatment goals with patient safety and priorities.
8. Assesses and reports SACT toxicity according to regulatory and, where relevant, research governance processes.

9. Collaborates effectively with members of the MDT when patients are receiving SACT as part of a multi-modality treatment pathway.
10. Proactively liaises with the relevant teams when SACT is completed or discontinued to enable co-ordinated ongoing management.

## **2. Purpose of this document**

Non-medical prescribers (NMPs) are increasingly involved in the ongoing care and assessment of patients receiving SACT and this approach is considered to be a key element in expanding and upskilling the oncology workforce. It is important to ensure that the knowledge and skills required to prescribe SACT competently and safely are common to *all* prescribers and assessed in a uniform fashion.

Similarly, there are many doctors employed in non-training positions but working at Specialty Training (ST) level and above who would be expected to demonstrate similar levels of training and competency in order to review patients receiving SACT and prescribe treatment.

The purpose of this document is to give guidance and standardisation to healthcare providers wishing to develop the roles of oncology and haematology pharmacists, and nurse and other Allied Health Professional (AHP) NMPs. It also provides competencies that detail the knowledge and skills the NMP needs to safely prescribe SACT. It is encouraged that this guidance be used also to demonstrate and record competency for medical prescribers working at ST level and above who are prescribing and reviewing patients on SACT. It can further be utilised for formal competency recording for doctors in oncology and haematology training programmes.

This document provides recommendations by the UK SACT Board for recording and assessing competencies for SACT prescribing but allows for local variation where this is clearly documented and agreed in local protocols following appropriate governance processes. It also contains suggested templates for recording of SACT prescribing competencies (**Annex A**). The competencies described below have been adapted from SACT prescribing competencies in the 2017 Medical Oncology Curriculum, Guidance for Non-Medical Prescribing and Review of Systemic Anti-Cancer Therapies for Oncology and Haematology Patients from the Northern Cancer Alliance<sup>8</sup> and the All Wales Competencies for review, Authorisation and Prescribing of Systemic Anti-Cancer Therapy for adult patients<sup>9</sup>.

A national framework has been developed in Scotland - Non-Medical Prescribing Competency Framework for the Prescribing of Systemic Anti-Cancer Therapy (SACT) - and endorsed by the Scottish National SACT Programme Board. This is a more detailed document and NMPs working within cancer services in Scotland should be guided by this framework. Competency levels are described as Tiers 1 and 2 and these align broadly to Levels 3 and 4 of the UK SACT competency framework.

Prescribers in Scotland should also refer to the Scottish Government's *Guidance for the safe delivery of Systemic Anti-Cancer Therapy*<sup>10</sup>.

## **3. Competency levels**

A key feature of the competencies is the ability for the NMP to recognise the limits of their ability. NMPs are not medically qualified and are not seeking to replace/take over doctors' roles, but to work as part of a team delivering care to cancer patients. NMPs have a professional responsibility to use their judgements and seek medical opinion when confronted with patients who present a clinical challenge or symptoms and signs of which the pharmacist/nurse is unsure. The pharmacist/nurse NMP should have easy and timely access to the patient's parent team to facilitate decision-making. At all times NMPs should follow the Royal Pharmaceutical Society 'Competency Framework for all Prescribers'<sup>11</sup>.

Once qualified, an NMP can prescribe any medicine for any medical condition provided it falls within their area of competence. NMPs must ensure their practice complies with local organisational policies for use of unlicensed medicines and controlled drugs.

For medical prescribers not working within an official training programme it is encouraged that they also complete formal competency assessments along these guidelines. Local assessment and guidance will determine which competency level is appropriate.

**Competency Level 1: Observation Only.**

A practitioner working to Level 1 does not have any direct involvement in SACT prescribing.

**Competency Level 2: Review and Authorise Administration of Systemic Anti-Cancer Therapy. Can only prescribe cycle 2 and onwards only under direct supervision.**

A practitioner working to Level 2 is able to undertake a review of a patient receiving systemic therapy and can prescribe the next cycle of treatment under direct supervision of a practitioner working at Level 3 or above. This professional could be a medically-qualified practitioner new to oncology and SACT prescribing or a newly qualified NMP starting to develop SACT prescription competencies.

<b>KNOWLEDGE</b>
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 non-pharmacological supportive measures that may be required for SACT
<b>SKILLS AND BEHAVIOUR</b>
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
Can correctly and accurately authorise SACT treatment to proceed following assessment of the patient and relevant laboratory investigations

**Competency Level 3: Prescribing Second Cycle Onwards**

At Level 3 the practitioner is able to independently prescribe SACT within local guidelines and to continue a planned course of treatment, but not initiate the first course of treatment. This may include investigational agents in the context of a clinical trial. This professional should be medically qualified or a nurse/pharmacist NMP. They should also possess all competencies at Level 2.

<b>KNOWLEDGE</b>
Has demonstrated competency at 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

SKILLS AND BEHAVIOUR
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
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 4: Prescribing First Cycle**

Working at this level the NMP is likely to be an advanced practitioner working as part of an MDT with consultant oncologists and/or haematologists. The NMP is able to prescribe the first cycle of treatment and initiate SACT within a locally-agreed framework, after assessment of the patient by an appropriate medical consultant (oncologist or haematologist). NMPs cannot make the clinical decision on what SACT regimen to prescribe for the patient unless working at consultant level and agreed locally. They should also possess all competencies at Levels 2 and 3.

KNOWLEDGE
Has demonstrated competency at Levels 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.
SKILLS AND BEHAVIOUR
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
Can modify the dosage of first 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 5: Able to prescribe and initiate SACT and customise treatment for complex patients**

This is the level expected of senior (ST5 and above) oncology and haematology trainees and medical consultants. Working at this level, an NMP should be working at consultant level and can initiate SACT for complex patients if agreed locally. They should also possess all competencies at Levels 2, 3 and 4.

KNOWLEDGE
Has demonstrated competency at Levels 2, 3 and 4
Can define strategies to introduce a new therapy within a clinical department
Can identify the training needs of all healthcare professionals involved in SACT prescribing
Ability to define the regulatory framework for the development of new SACT
SKILLS AND BEHAVIOUR
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 on 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 – for example, involvement with development and maintenance of guidelines/ introduction of new therapies

#### **4. Demonstration and recording of competencies**

In assessing competencies for NMPs the overriding principle is that the NMP should meet the same level of competencies as their medical colleagues. Doctors using the clinical and medical oncology competency frameworks gather and record evidence using an ePortfolio (a web-based tool that enables trainees to log all evidence). Competencies are demonstrated with workplace-based assessment (WPBA) methods such as:

- Acute Care Assessment Tool (ACAT)
- Case-based Discussions (CbD)
- mini-Clinical Evaluation Exercise (mini-CEX)
- Direct Observation of Systemic Therapy (DOST)
- Multi-Source Feedback (MSF)
- Patient Survey (PS).

NMPs do not have access to the same e-portfolio. The demonstration of competencies below must therefore be collected on a locally-approved system for NMPs. Competency must be signed off by an appropriate medical or NMP consultant with practice in the patient group the NMP prescribes for. Suggested templates for recording demonstration of competencies are provided in **Annex A**.

DOST is likely to form the basis for much of the assessment for SACT prescribing but NMPs are encouraged to gain PS and MSF as part of their competencies and ongoing annual appraisals. DOST evaluations should also be repeated on an ad hoc basis as newer agents enter into practice or if the NMP expands their scope of practice.

#### ***Direct Observation of Systemic Therapy***

DOST is an assessment tool designed to assess the performance of a trainee in undertaking, authorising, prescribing and taking consent for systemic therapy, against a structured checklist. The trainee receives immediate feedback to identify strengths and areas for development. DOSTs can include treatment choice discussion with the patient, informed consent process, review of

prescription with dose adjustment as appropriate, review of toxicity and response. It can assess clinical assessment of the patient, prescription, awareness of and management of complications, documentation of consultation, interaction with other staff members, communication with the patient and overall ability to prescribe SACT. DOST can be used at any time and in any setting when there is a trainee and patient interaction, and an assessor is available.

#### *Number of Workplace-Based Assessments required*

The exact number of WPBAs and observed prescriptions will depend on the NMP's previous experience and competencies. For example, it would be expected that more WPBAs would be required for a declaration of competency in a newly qualified NMP compared to an NMP expanding their scope of practice. It is recommended that eight formal observations should be performed at each level of a new competency. Competency can be assessed at Level 2 by a practitioner at Level 3 or above, competency at Levels 3 and 4 should be assessed by a practitioner at Level 4 or above.

It is recommended that the NMP has a declaration of competency within each tumour type within their scope of practice or for a particular type of SACT. For example, an NMP based within a lung cancer clinic should have a declaration of competency for lung cancer SACT. It is recognised that some practitioners may have specific areas of SACT expertise – for example, in an immunotherapy (IO) assessment clinic - and in these cases declaration of competency specifically of IO could be completed. The declaration of competency should be completed by an appropriate medical or NMP consultant with practice in the patient group for which the NMP prescribes.

Once the clinical supervisor is assured the competencies for the appropriate level of training have been met, this should be confirmed by completion of a declaration of competency.

### **5. Advice for current SACT prescribers**

It is recognised that there are already a number of NMPs and non-training grade doctors in posts that allow SACT review and prescribing. It is recommended that, even if alternative formal SACT competencies have been completed, the prescriber is formally assessed and declarations of competency completed according to this guidance in order to have uniformity of competency across all providers.

### **6. Acknowledgements and Disclaimer**

#### ***About the UK SACT Board***

The UK SACT Board provides guidance, oversight and support for the continuing development of SACT services in the UK. Its core membership comprises representatives of the Association of Cancer Physicians, The Royal College of Radiologists, the Royal College of Physicians, the British Oncology Pharmacy Association and the UK Oncology Nursing Society (UKONS). The Board also has representation from the four UK nations, a patient representative and from other organisations closely involved in SACT services.

#### ***About this guidance***

The UK SACT Board would like to thank the following members for preparing this guidance:

- Prof Ruth Board.

The UK SACT Board would also like to acknowledge the assistance of the Northern Cancer Alliance and the All Wales SACT Group.

#### ***Disclaimer***

The information contained in this document is a consensus view related to current SACT review and prescribing. It should be used in conjunction with any local policies/procedures/guidelines and should be approved for use according to local clinical governance processes. Care has been taken in the preparation of the information contained within this guidance. Nevertheless, any person seeking to consult the guidance, apply its recommendations or use its content is expected to use independent, personal medical and/or clinical judgement in the context of the individual clinical circumstances or to seek out supervision of a qualified clinician. The UK SACT Board makes no representation or



guarantee of any kind whatsoever regarding the content of this document or its use or application and disclaims any responsibility for its use or application in any way.

## **7. References**

1. [\*For better, for worse? A review of the care of patients who died within 30 days of receiving systemic anti-cancer therapy\*](#) A report by the National Confidential Enquiry into Patient Outcome and Death (2008).
2. [\*Chemotherapy Services in England: Ensuring quality and safety\*](#). A report from the National Chemotherapy Advisory Group (2009).
3. [\*\[Revised\] Guidance for the safe delivery of Systemic Anti-Cancer Therapy\*](#). Scottish Government. CEL 30 (2012). Revised 2023.
4. [\*Concerns regarding the prescribing and administration of cytotoxic and immunosuppressant agents by Foundation Doctors: an investigation of prevailing practice\*](#). Academy of Medical Royal Colleges (2013).
5. [\*Achieving safer prescription of cytotoxic agents: Academy recommendations\*](#). Academy of Medical Royal Colleges (2015)
6. [\*Curriculum for Medical Oncology Training\*](#). Joint Royal Colleges of Physicians Training Board. Implementation: August 2021.
7. [\*Clinical Oncology Specialty Training Curriculum\*](#). The Royal College of Radiologists. Implementation: August 2021. Updated: May 2023.
8. [\*Guidance for Non-Medical Prescribing and Review of Systemic Anti-Cancer Therapies for Oncology and Haematology Patients\*](#). NHS Northern Cancer Alliance (2022).
9. [\*All Wales Competencies for review, Authorisation and Prescribing of Systemic Anti-Cancer Therapy \(SACT\) for adult patients\*](#). NHS Wales (2019)
10. See reference 3.
11. [\*A Competency Framework for all Prescribers\*](#). Royal Pharmaceutical Society (2021). Effective date: September 2022.

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

- Competency Level 2: Review and Authorise administration of Systemic Anti-Cancer Therapy
  - Record of Competencies
  - Record of SACT prescriptions
- Competency Level 3: Prescribe Systemic Anti-Cancer Therapy which has been initiated
  - Record of Competencies
  - Record of SACT prescriptions
- Competency Level 4: Initiation of Systemic Anti-Cancer Therapy – 1st Cycle onwards (ST3 and above)
  - Record of Competencies
  - Record of SACT prescriptions
- Competency Level 5: Initiation of Systemic Anti-Cancer Therapy (Consultant level)
  - Record of Competencies
  - Record of SACT prescriptions

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

**Record of Competencies**

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

<b>Competency Level 2 (Review and Authorise Administration of SACT)</b>	<b>Supporting Statement / List of Evidence</b>	<b>Date Achieved</b>	<b>Supervisor Signature</b>
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**

	<b>SACT regimen</b>	<b>Date</b>	<b>Supervisor signature</b>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

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:.....

<b>Competency Level 3 (Prescribe Systemic Anti-Cancer therapy – 2<sup>nd</sup> cycle onwards)</b>	<b>Supporting Statement / List of Evidence</b>	<b>Date Achieved</b>	<b>Staff Signature</b>
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 – 2 <sup>nd</sup> 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:

	<b>SACT regimen</b>	<b>Date</b>	<b>Supervisor signature</b>
<b>1.</b>			
<b>2.</b>			
<b>3.</b>			
<b>4.</b>			
<b>5.</b>			
<b>6.</b>			
<b>7.</b>			
<b>8.</b>			

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:.....

<b>Competency Level 4 (Initiation of Systemic Anti-Cancer therapy – 1<sup>st</sup> cycle onwards)</b>	<b>Supporting Statement / List of Evidence</b>	<b>Date Achieved</b>	<b>Doctor Signature</b>
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 1 <sup>st</sup> cycle SACT prescriptions		
Can modify the dosage of 1 <sup>st</sup> 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			



<p>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)</p>			
<p>Can appropriately request assistance or advice when a situation requires the involvement of a more senior colleague</p>			

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

**A minimum of 8 SACT prescriptions for 1<sup>st</sup> 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:

	<b>SACT regimen</b>	<b>Date</b>	<b>Supervisor signature</b>
<b>1.</b>			
<b>2.</b>			
<b>3.</b>			
<b>4.</b>			
<b>5.</b>			
<b>6.</b>			
<b>7.</b>			
<b>8.</b>			

Practitioner's Signature:.....

Date:.....

I confirm that .....

Has completed Level 4 competency to initiate and prescribe 1<sup>st</sup> 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:.....

<b>Competency level 5 Consultant level</b>	<b>Supporting Statement / List of Evidence</b>	<b>Date Achieved</b>	<b>Doctor Signature</b>
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 1<sup>st</sup> 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:

	<b>SACT regimen</b>	<b>Date</b>	<b>Supervisor signature</b>
<b>1.</b>			
<b>2.</b>			
<b>3.</b>			
<b>4.</b>			
<b>5.</b>			
<b>6.</b>			
<b>7.</b>			
<b>8.</b>			

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:.....