

Cancer Pharmacy Education & Training Standards

A cancer training programme to use for the education
and training of pharmacy staff

www.bopa.org.uk/sact-training/

Version 2.0
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1. Scope

1.1 This programme has been developed to ensure that there is a baseline standard for training for all pharmacy staff within the UK who verify SACT prescriptions or discuss treatment with cancer patients. This guidance applies to parenteral and oral administration of SACT.

2. Introduction

2.1 Prescriptions containing SACT have been highlighted as a high-risk area that requires verification prior to patient receipt. This has been stipulated by the Department of Health (DH) in 2011 and the National Cancer Action Team in August 2009.^{1,2}

2.2 The requirement is for all pharmacy staff involved in the verification of SACT, to have completed appropriate specialist training, demonstrated competence and subsequently locally authorised to complete this task.

2.3 All elements of this programme can be found here:

<https://www.bopa.org.uk/sact-training/>

3. Principles for all

3.1 All pharmacy staff working in a pharmacy department that has SACT patients treated at their hospital must be trained to one of the following levels.

3.1.1 **Level One:**

For any staff who may come across SACT in their normal job, such as dispensary technicians, assistants and aseptics staff.

3.1.2 **Level Two:**

For all pharmacists or pharmacy technicians involved in verification of SACT prescriptions. This may be further split (if required by organisation) into:

- **Level 2a:** dispensary pharmacy staff who can validate simple SACT prescriptions as defined by the organisation (such as hydroxycarbamide, imatinib, enzalutamide)
- **Level 2b:** validate all SACT **excluding** cycle 1
- **Level 2c:** validate all SACT **including** cycle 1

3.1.3 **Level Three:**

For specialist oncology pharmacists.

e.g, who are the cancer pharmacy lead at their site, approve protocols, have a national role or are highly specialised in a cancer area.

3.2 All pharmacy staff should undertake Continuing Professional Development (CPD).

3.3 In order to support dispensary staff involved in the dispensing and supply of oral anticancer medicines, there must always be available at each site a level 2c or level three oncology pharmacist who is able to provide oncology pharmacy advice to dispensary staff. If this is not available on a day due to unforeseen circumstances, a level 2c or three oncology pharmacist at a different site (or national lead) can be contacted for advice.

3.4 The training documents used to pass this training programme can be used as examples of evidence of experience from one organisation within the UK to another. All paperwork must be shown and evidenced.

4. Principles for Level ONE Training

4.1 Knowledge:

Basic background knowledge of cancer

4.2 Training:

One-hour training session or eLearning module taken annually. Presentation/e-learning is to be approved by a level three pharmacist(s).

4.3 Key elements of syllabus

- Health and safety/ safe handling
- Relevant protocols/SOPs
- Labelling
- Counselling
- Where to go for further advice
- Background and principles of SACT

4.4 Revalidation

To be revalidated the individual must attend/take the annual training.

5. Principles for Level TWO Training

5.1 Knowledge

- Basic level of understanding of the principles involved in treating the more common forms of cancer
- Knowledge of common side effects and how to treat them

5.2 Training

- Training with a level three pharmacist
- Completion of the 'Accreditation programme for pharmacy staff involved in the verification of SACT prescriptions'. See Appendix 1.
- It is the responsibility of the local oncology level three pharmacist to ensure that all training has been completed and that the level two pharmacist is competent.

5.3 Revalidation

5.3.1 For annual revalidation the pharmacist must:

- Complete at least 50 prescriptions verifications every 12 months. These should reflect local case mix.
- The local cancer lead level three pharmacist must be satisfied the member of pharmacy staff has maintained competency to revalidate.

6. Principles for Level THREE Training

6.1 Knowledge

In depth knowledge of the treatment and support of patients with a wider range of cancers or in depth specialist knowledge within a designated field of oncology

6.2 Training

Completion of the 'Accreditation programme for pharmacy staff involved in the verification of SACT prescriptions'. See Appendix 1.

6.3 Post graduate Education

6.3.1 Expected to undertake CPD and further training to ensure up to date in current oncology issues. Examples of opportunities for achieving this may include:

- Completion of an oncology module in a post graduate diploma in clinical pharmacy
- MSc Oncology – whole or selected modules
- Attendance at national and international symposiums
- Teaching / presenting at national and international events
- Leading in a specific field of oncology within a site
- UKBMT pharmacists' group training passport <https://www.bopa.org.uk/bmt-training-passport/>

6.4 Revalidation

To be covered in annual appraisal with the line manager.

7. Approved List

7.1 Each organisation should have an approved list of 'designated pharmacy staff' who are competent to verify cancer medicine prescriptions. The level of the member of pharmacy staff should be clear. The list should be maintained by a suitable person within the organisation.

7.2 A level three pharmacist is determined at organisation level using the criteria based in this document. This is an area BOPA will be looking to further standardise in the future.

7.3 Each organisation must have their own processes in place when adding or removing a staff member to any register.

7.4 It is at the discretion of each organisation if pharmacy staff other than pharmacists verify SACT prescriptions. BOPA does not currently have a position on this.

8. Glossary of Terms

Prescription
Verification

Prescription verification describes what key steps a pharmacist must take when checking prescriptions for anticancer medicines. It is recognised that there are other terms in common use to describe this process e.g. 'clinical checking', 'screening' or 'validation' etc

9. References

- 9.1 Department of Health. (2011) Chemotherapy standards 3C-209
 9.2 National Cancer Action Team (2009) Quality and Safety of Chemotherapy Services
 9.3 RMPartners SACT verification training passport for pharmacy. Dec 2019.

10. Acknowledgements

- 10.1 The authors would like to thank everyone who contributed to this document.

11. Document control

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Proposed Target Audience	All BOPA Members		
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12. Appendix 1

Accreditation programme for pharmacy staff involved in the verification of SACT prescriptions

Pharmacist _____

Local Tutor _____

National Tutor _____

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1. Local Induction

1.1 The local or national tutor will arrange an initial training session to discuss this training programme.

1.2 During this meeting, a time frame for completion depending on experience and available time will be agreed.

1.3 If the person is new to oncology then the 'Introduction to SACT prescription' (part of the SACT verification passport for pharmacy) could be presented and discussed at this meeting.

1.4 All details of training programme can be found here: <https://www.bopa.org.uk/sact-training/>

1.5 BOPA:

<https://www.bopa.org.uk/>

1.5.1 It is strongly recommended that all NEW oncology pharmacy staff attend (physical or virtual) the Introduction on Oncology course held by BOPA and to work through the Let's Communicate Cancer Series available on the BOPA website.

1.5.2 It is expected that all level 2 and 3 oncology pharmacy staff within the organisation are members of BOPA. www.bopa.org.uk

1.5.3 It is recommended to attend the BOPA annual symposium where possible. This learning weekend is useful for both new to oncology and experienced oncology pharmacy staff. This is held each year in October.

1.5.4 The BOPA verification module should be completed and the certificate of a pass presented as part of accreditation documentation required. This module is found in the eLearning section of the BOPA website.

1.6 UKONS:

<https://ukons.org/>

1.6.1 It is recommended that the UKONS SACT competency passport is accessed and section 2 completed if new to oncology.

https://ukons.org/site/assets/files/1138/ukons_sact_passport.pdf

2. Background Reading

2.1 The list of essential and recommended background reading is held on the BOPA website.

<https://www.bopa.org.uk/background-reading-list/>

3. SACT verification training passport for pharmacy

3.1 It is expected that all pharmacy staff that are working with cancer patients and/or validating SACT prescriptions in the organisation will be working towards the SACT verification training passport accreditation or have secured this already.

3.2 Each member of pharmacy staff will need to demonstrate and pass each relevant section of the passport as outlined in table below.

3.3 London SACT Passport Link: <https://rmpartners.nhs.uk/our-work/medicines-optimisation/sact-pharmacy-passport/>

4. Agreed pathway to accreditation and timeline

4.1 This will be agreed between yourself and your line manager and the lead cancer pharmacist (if not the same).

Core	Details		Date to Complete	Completed (sign & date level 3 tutor*)
Introduction to SACT' presentation	New to Oncology Only			
Let's communicate cancer	New to Oncology Only. Certificate of pass			
Funding Routes for SACT**	Check correct devolved nation used			
SACT dose calculation examples	Trainee to work through and ask any questions			
SACT Prescription verification Multiple Choice Question (MCQ) Test	Test conditions. Open book. Calculator allowed. 1 hour.			
BOPA eLearning verification module from BOPA website	Certificate of pass			
Trainee to watch a verification by tutor	Tutor to sign off			
SACT mock prescription verifications. To state which script from website or local tests (Take examples from site case mix / level of training (2a/2b/2c) – not just first 10)	Number on website	Tumour site/ SACT		
Case Studies (Template in Appendix)	At least one case study completed			

Present Case Study	To present cases study and learning to at least tutor (ideally the team)			
Prescription verification Log (total 50) To sign off AT LEAST the following (agreed at induction) ***	Min Number to do	Tumour site/SACT		
		Solid tumour		
		Haematology		
		First cycles		
		PO		
Observations of trainee verifying 5 prescriptions by tutor (trainee talk through what they are thinking/doing).	Tutor to sign off	Tumour site/SACT		
	1			
	2			
	3			
	4			
	5			
SACT verification competency framework	Tutor to sign off all items			
Accreditation checklist (this list)	Tutor to sign off all items			

Signed off as competent by level 3 tutor *	Job Role	
	Name	
	Signature	
	Date	

*If a level 3 pharmacist is undergoing the training programme they cannot sign off their own training
 ** current SACT passport is for NHS England only.
 *** It is suggested that if any of the minimum requirements for each verification episode are missed, a 20% increase in total number of logs is recommended

Note: the option to grandparent clause existing staff for different sections is at the discretion of the organisation.

5. Failure to meet the requirements of this programme

5.1 If the member of pharmacy staff fails to achieve the necessary requirements, the level three pharmacist should provide detailed feedback with a documented improvement plan. Expectations between the member of pharmacy staff and the level three pharmacist must support and address all capability and knowledge gaps. Support and guidance can be sought from other level three pharmacists and relevant HR services including reference to any applicable development policies / guidelines.

6. Appendix 2: Template for Case Studies

Title	Details
Pt Reference	Your own reference
Diagnosis	Self-explanatory
Histology	Self-explanatory
PMH	Self-explanatory
Drug history	Self-explanatory
Past treatment for current diagnosis	The patient treatment pathway
Current treatment	Course, Cycle, frequency
Treatment intent	And what this means
Protocol information	What is included – how does each SACT work/ diluent/ infusion time etc
Emetogenicity	Self-explanatory
Supportive medicines	What and why are they in the protocol
Main toxicities	Any not explained by above
Interactions	Are there any interactions with drugs/co-morbidities/OTC/supportive therapies as well as SACT
Administration	Self-explanatory
Understanding of consultant letters	Do you understand everything written in the letter? What could you explain to others?
Patient counselling / discharge information	What would you discuss with the patient on cycle 1
Any other information	