GUIDANCE FOR NON MEDICAL REVIEW AND PRESCRIBING AND REVIEW OF ANTICANCER MEDICINES FOR ONCOLOGY AND HAEMATOLOGY PATIENTS.

Document Control

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<th>Prepared By</th>
<th>Issue Date</th>
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<th>Contributors</th>
<th>Comments/Amendment</th>
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<td>25/02/09</td>
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For more information regarding this document, please contact:

Steve Williamson
Consultant Cancer Pharmacist, CNTW Area Team
NHS England, Waterfront 4, Goldcrest Way,
Newcastle Upon Tyne, NE15 7NY
steve.williamson@nhct.nhs.uk
1 Executive Summary

Pharmacists and nurses can undertake training to become Non Medical Prescribers, NMP’s. Oncology nurses and pharmacists have many opportunities to work alongside consultant oncologists and haematologists prescribing chemotherapy and supportive treatments for cancer therapy.

Chemotherapy nurses, specialist nurses and oncology pharmacists regularly undertake mid cycle reviews of patients receiving anticancer medicines when the patient does not require medical review. This has increased the flexibility of chemotherapy services and has helped manage workload. Any staff undertaking nurse/pharmacist led review should meet the level one competencies detailed in this document.

The purpose of this document is to give guidance for Trusts in The North of England Cancer Network (NECN) wishing to develop the roles of Oncology and Haematology Pharmacists and Nurse NMPs. The document does this in two ways:

- A framework for the development of NMP roles is provided. Examples of the types of roles which can be developed are discussed.

- This document provides competencies that detail the knowledge and skills the pharmacist/nurse as a non medical prescriber must have and describes the relationship they will have with the supervising consultant they will be working alongside. The competencies have been taken from the Medical Oncology Curriculum which is approved by the Royal College of Physicians and the Postgraduate Medical Education and Training Board, PMETB. NECN believes it is important that NMPs are able to work to the same standards as medical prescribers and therefore achieve these competences in addition to those undertaken in the prescribing qualification. The competencies are the first two levels of the five levels that doctors must achieve in Medical Oncology training.

It is anticipated that pharmacist/nurses who have obtained the NMP qualification, have status as independent prescribers and have demonstrated that they have suitable competencies in oncology/haematology should be able to work alongside consultants. Their roles can include:

- Reviewing patients having chemotherapy and prescribing chemotherapy following initial treatment plan/ prescribing decision from their medical colleague
- Prescribing supportive medicines
- Amending, updating and initiating prescriptions at ward level.
- Running clinic’s, e.g. oral TKI’s in urology, myeloproliferative disorders (MPD)

This roles can benefit medical prescribers by easing some of the burden of routine prescribing/ patient care and ensuring services are responsive to patients needs. NMPs are not medically trained and are not seeking to replace the role of the doctor.

It is recognised that the role of NMPs in oncology/haematology will grow as pharmacist/nurses working in these areas gain experience and credibility and will seek to expand their roles over time. This document does not provide a limit on future role developments provided they are within a locally approved framework, subject to local peer review and are consistent with national guidelines.
2 Background

In April 2006 the Department of Health allowed nurses and pharmacists to become independent prescribers and encouraged the NHS to develop these roles. The DH guidance states that NMPs can improve patient care without compromising patient safety by making it easier for patients to get the medicines they need and allowing more flexible team working across the NHS.

The DH’s working definition of independent prescribing is prescribing by a ‘appropriate practitioner’ (e.g. doctor, dentist, nurse, pharmacist) responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required.

3 Pharmacist and Nurse Roles

This document covers pharmacist and nurses as only nurses and pharmacist can become independent prescribers. However it is recognised that other professions can become NMPs. Radiographers can become supplementary prescribers and there may be role within the NECN for radiographers to prescribe supportive medicines for cancer patients undergoing radiotherapy.

Pharmacists and Nurses have differing skills but both have a complimentary role in non-medical prescribing for cancer patients. This framework does not differentiate between pharmacists and nurses other than in the differences in retrospective professional competencies. Each profession can learn from each other when becoming NMPs and it is suggested that the Network Chemotherapy Group is used to form a support network for local NMPs and share learning and best practice.

Having an oncology pharmacist/nurse initiating a prescription does not eliminate the requirement for a pharmacist’s role in checking and validating the prescription and the nurse’s role in administrating chemotherapy. NMPs must not be directly involved in checking/ administration of prescriptions they have written.

4 Accountability

All non medical prescribers are personally accountable for their practice and must work to the same standards and competence that applies to medical prescribers. This will include use of electronic prescribing systems or in their absence pre-printed prescriptions and compliance with NHS England approved regimens. As prescribers, health care professionals have a duty to their employers to use resources efficiently and effectively. Therefore the number and cost of items prescribed must be monitored and local formularies must be taken into account where they exist.

Nurse prescribers are individually professionally accountable to the Nursing and Midwifery Council (NMC) for this aspect of their practice, as for any other, and must act at all times in accordance with the NMC Code of Professional Conduct.

Pharmacist prescribers are individually professionally accountable to the General Pharmaceutical Council (GPC) and must act at all times in accordance with the GCP Code of Ethics and Standards.

In order to exercise accountability and duty of care, all NMPs must identify and meet their individual continuing professional development needs via, for example, additional training, clinical supervision, clinical placements, reading and research.
5 Workforce and Service Development

It is noted that there will be workforce issues around the development of NMP roles in NECN Trusts, but that these should be dealt with at a local Trust level once the need/benefits of an NMP has been established. When developing the role of the NMP the key questions for the Trust to address are

- The need for the pharmacist/nurse to work as a NMP with cancer patients
- The advantages to the Trust of having a pharmacist/nurse working as a NMP with cancer patients
- Arrangements for ‘backfill’ of the nurse/pharmacist role when they are working as NMPs.

6 Models of Care: Oncology/ Haematology Clinics

An understanding of the medical model of seeing and reviewing patients undertaking chemotherapy and systemic anticancer therapy is necessary to see where NMPs ‘fit in.’ This document will also give a description of the cancer patient pathway highlighting where pharmacists and nurse NMPs can be involved and also set out the standards for their involvement.

Cancer patients undertaking chemotherapy for solid tumours are generally under the care of consultant medical or clinical oncologist. The model within the network is for the common cancers to be treated in the local Trust, these include breast, colorectal, lung, some upper GI, some urology including renal, prostate and gynaecological cancers. Most of the chemotherapy for these cases is given as day case chemotherapy in oncology out patient wards within the Trust. Rarer cancers and those regimens requiring prolonged inpatient stay are treated in the cancer centres at Newcastle Hospitals, South Tees Hospitals and North Cumbria. Haematological malignancies are managed in a similar way with Trust haematology services divided into different service levels, with outpatient chemotherapy in level 1/2 services and complex inpatient chemotherapy treated at level 3/4 centres.

The majority of cancer treatment follows a clinical model based upon initial review at a Multidisciplinary Team Meeting, MDT where the patient’s case is discussed. The MDT usually consists of Pathologists, Surgeons, Physicians, Oncologists, Nurse Specialists and Physiotherapists etc as appropriate. Pharmacists do not routinely participate in weekly MDT meetings, however as NMPs their attendance would be valuable. At the MDT the patients treatment plan will be decided, typically if this is a common cancer such as breast or colorectal the patient will be having surgery and/or radiotherapy and then at some point be deemed suitable for chemotherapy. Once it has been determined that the chemotherapy or systemic anticancer therapies is the preferred treatment option they are then referred to a Consultant Oncologist. The Oncologist will see the patients in an Out Patient clinic. At the initial appointment they will discuss the patients diagnosis and the potential treatment plan with chemotherapy/systemic anticancer medicines. For advanced cancers this will generally involve palliative chemotherapy to extend patients life/ manage symptoms. Perhaps the largest use of chemotherapy is for adjuvant chemotherapy treatment. That is where chemotherapy is used following surgery or radiotherapy to reduce the risk of the cancer returning and provides systemic treatment to ensure that all cancer cells have been removed from the body.
7 Framework / Clinical Guideline for NMPs

It is recognised that NMPs do not have a medical qualification and therefore, there ideally needs to be a framework or clinical guideline that describes exactly what responsibilities they have during their clinical practice. It is also recognised that this framework may differ for different types of cancer e.g. adjuvant breast cancer patients present different challenges to lung cancer patients. A framework or local clinical guideline should be produced prior to clinics being set up, an example of the template for framework is attached (appendix 1) and an example of a framework for a NMP in urological cancers is also available on request. The framework will define what the NMP will and will not do and also give criteria about referring back to the medical consultant. The framework can be used as the basis of the business case for developing the role if needed and should be discussed at the local Trust Chemothery Group/ Governance group. Note it is recognised that there NMPs working in NECN who have already developed services without a framework, good governance would be to produce one retrospectively.

NMPs need a medical prescriber as their clinical champion, in developing the framework/clinical guideline the NMP should involve and seek the views of the doctor(s) they will be working alongside. The structure of clinics will vary across the network and hence the role of the NMP in clinic will vary. NMPs may manage their own caseload as there may not always be a consultant present in clinic/ward to work alongside the NMP. A medical consultant, ideally the patient’s consultant, must always be available for medical advice when NMPs are seeing patients, i.e. via phone and the mechanism for this documented in the framework. NMP’s must have a clear pathway to refer patients ‘back’ to the medical consultant for urgent medical review.

Prescribing supportive care on the oncology day unit or prescribing on in-patient wards can be done on a more routine day to day basis without supervision of a consultant provided there is an agreed framework that covers the NMP’s role.

A key feature of the competencies is the ability for the NMP to recognise the limits of their ability. NMP’s 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. NMP’s 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 of. The pharmacist/nurse NMP and consultant working in parallel within clinic in adjacent or nearly adjacent consulting rooms would facilitate this cross checking.

7.1 Supplementary (SP) vs. Independent Prescribers (IP)

All NMPs now train as independent prescribers (IP), however there may still be NMP’s who trained as supplementary prescribers. They will need to work in accordance with clinical management plans based upon chemotherapy regimens protocols and supportive care medicine guidelines and prescribe for ‘named’ individual patients under the supervision of the consultant. The framework should highlight if the prescriber is still working as a supplementary prescriber.
8 What can NMPs prescribe?

Once qualified an NMP independent prescriber can prescribe any licensed medicine (i.e. any product with a UK marketing authorisation) for any medical condition provided it falls within their area of competence. NMPs must ensure their practice complies with local policies for use of unlicensed medicines and controlled drugs.

8.1 Prescribing First Cycle of Anticancer Medicines

NMP’s can only prescribe the first cycle of chemotherapy after a clinical assessment and decision to initiate the specific chemotherapy has been made by the patient’s doctor. NMP’s cannot make the clinical decision on what chemotherapy regimen to prescribe for the patient. The 2014 Chemotherapy Measures state ‘Clinical assessments and the decision to initiate the first cycle of a course of chemotherapy should be restricted to consultant medical staff and ST3 and above medical trainee staff and NCCG medical staff who are assessed as competent for this by their approved training programme.’

8.2 Range of systemic anticancer therapy prescribed by NMPs

There is potentially greater demand for NMPs to prescribe for patients with common cancers receiving adjuvant chemotherapy due to the higher volume of adjuvant chemotherapy prescribed. However, depending on the experience of the NMP they can also undertake management of patients diagnosed with advanced cancers.

Oncology/ Haematology Clinical Nurses Specialists/Nurse Consultants will have significant experience within their own particular patient group and should therefore seek to start/ initially restrict their prescribing to this area, e.g. oncology lung nurse specialists. In addition some oncology pharmacists have significant experience of one patient group and may wish to initially restrict their prescribing to this area. Some NMP’s may prescribe for more than one tumour site depending on their knowledge and skills relating to these tumour groups, however their prescribing will be in line with approved care pathways.

Examples of areas for NMP prescribing include:

- IV anticancer medicines as part of review and authorization of treatment
- Herceptin (trastuzumab) for early breast cancer, NMPs can take responsibility for managing the prescribing for these patient’s reviewing their echocardiograms and blood results every three months and authorizing ongoing prescriptions.
- Oral anticancer medicines, e.g. capecitabine, pharmacists and nurses are increasingly involved in the review of these medicines and assessing suitability for continuation with therapy.
- Long term medication for haematology patients, e.g. hydroxycarbamide for patients with myeloproliferative disorders (MPD). For example patient attends NMP in clinic who reviews their blood results, makes any necessary dosage changes and issue prescriptions for the on-going treatment. This may be an attractive alternative to a shared care arrangement as the NMP will work closely with the consultant haematologist easing the ‘routine’ workload for these patients but be onsite and at hand to refer/ discuss management as appropriate.
Prescribing role on oncology units and on oncology wards in the centre. In the centres this will include a prescribing role for in-patients and in cancer units it is likely to include prescribing supportive care items that are not available under patient group directions (PGDs) for example varying courses of antiemetics and other medications to treat the side effects of the chemotherapy treatment, or their underlying disease. Using NMP’s to prescribe supportive care results in much greater flexibility than using PGDs.

Urology oncology clinics have increasing capacity pressures due to introduction of new agents, abiraterone/ enzalutamide so there is a role for NMPs to support these clinics and ease medical capacity.
9 Competencies for Pharmacists and Nurses Working as Non Medical Prescribers in Oncology and Haematology

As part of achieving the prescribing qualification NMPs have to demonstrate competency in a wider variety of areas e.g.

- Clinical and Pharmaceutical Knowledge
- Communicating with Patients
- Consultation skills
- Clinical Examination Skills
- Safe Prescribing
- Prescribing in Context / Professionalism

NMPs either operate as independent prescribers IP within their own area of expertise or as supplementary prescribers SP working under an agreed clinical management plan for individual patients.

The competency framework for Chemotherapy Prescribing is the framework used in the Medical Oncology Training Programme, which acknowledges prescribing by Oncology Pharmacist and Nurse NMPs

The medical oncology framework has five levels; level 1 and 2 have been included in this competency framework as they are directly relevant to NMPs. Levels 3 and above differentiate the responsibilities of medically qualified prescribers from NMPs. The key difference between a level 2 and a level 3 prescriber is the ability of a level 3 medical practitioners is the ability to initiate systemic therapy for common cancers, i.e. make decision to treat and choose regimen. A proforma for recording competencies has been provided in appendix two.

NOTES
- Training programmes/competencies for the clinical oncology and haematology specialities will be different to that of medical oncology but for the purposes of clarity only one set of prescribing competencies has been referenced.
- Medical training requires use of an electronic portfolio and competency assessment using tools such as DOPS (directly observed procedures), mini-CEX (mini clinical examination), CbD (case based discussion). Pharmacist assessment of competency does not currently employ such tools.

9.1.1 Competency Level 1

A practitioner working to level 1 is able to undertake a review of a patient receiving systemic therapy and can authorise the next cycle of treatment to proceed. This professional could be medically qualified or an appropriately trained chemotherapy nurse, oncology pharmacist or a professional allied to medicine.

If the professional competencies in oncology/haematology described below are met then NMPs will be able to operate at this level during their training period as an NMP. NMPs already qualified must be able to demonstrate they meet these competencies. In addition the level 1 competencies form the basis for good practice for nursing and pharmacists who are not NMPs but are routinely involved in nurse/pharmacist lead review of mid cycle chemotherapy between medical reviews.
Guidance for Non Medical Review and Prescribing of Anticancer Medicines for Oncology and Haematology Patients

**Level 1 competencies**

1. Ability to authorise treatment to proceed following assessment of the patient and relevant laboratory investigations.

2. Ability to review a prescription for systemic therapy and accurately identify errors or omissions.

3. Ability to demonstrate knowledge and understanding of the methods for calculating the correct dose of medication for administration including those based on body surface area, pharmacokinetic and pharmacodynamic principles.

4. Ability to define the scientific basis of causation of nausea and vomiting and ability to identify the likely mechanism of emesis in a patient receiving systemic therapy.

5. Ability to determine the antiemetic requirements of patients receiving systemic therapy.

6. Understanding of issues surrounding administration of intravenous therapies, e.g. principles of extravasation treatment.

7. Ability to define the principles for dose delay or dose reduction of systemic therapies, based upon haematological toxicity.

9.1.2 **Competency Level 2**

A level 2 person is able to prescribe systemic therapy, within local guidelines, or to continue a planned course of treatment but not initiate the first course of treatment. This professional is likely to be medically qualified or a nurse/ pharmacist NMP.

**Level 2 Competencies**

1. Ability to define the range of systemic therapies utilised in the treatment of patients with cancer and define the likely adverse effects of the agents in more common usage within a clinical service.

2. Ability to prescribe and order systemic therapies following assessment of the patient and relevant laboratory investigations, using appropriate systems defined by the local authorities.

3. Ability to accurately prescribe systemic therapies using various methods for calculating the correct dose of medication for administration including those based on body surface area, pharmacokinetic and pharmacodynamic principles.

4. Ability to 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.

5. Ability to institute appropriate modifications in the prescription of systemic therapy in the light of clinical data that will relate to dose modification parameters relating to organ function.

6. Ability to perform a thorough assessment of toxicity and record the clinical information using defined systems such as the Common Toxicity Criteria.
7. 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.

8. Ability to define and initiate appropriately the pharmacological and non-pharmacological supportive measures that may be required by patients receiving systemic therapy, including growth factors and antibiotics.

9. Ability to define the indications for and adverse reactions associated with the use of blood products and ability to make treatment decision following assessment of a patient’s requirement.

10. Ability to obtain informed consent for procedures and initiation of treatments.

11. Ability to request assistance and advice when a situation requires the involvement of a more senior colleague.

12. Ability to determine the appropriateness of continuing treatment, particularly in patients with poor performance status or significant co-morbid conditions.

13. Ability to assess objective tumour responses and toxicity and make a balanced judgement about continuing.


15. Ability to modify the dosage of systemic therapy based on pharmacokinetic and pharmacodynamic information relating to a patient.*

16. Ability to define the scientific mechanism of action of the systemic therapies used in the management of cancer patients*.

*Note competencies 15 and 16 are from the level three competencies but are deemed appropriate for experienced pharmacist NMPs

9.2 Pharmacist Specific Competencies

It is recognised that oncology pharmacists may well have a differing degree of experience and training. An oncology pharmacist is traditionally a title that is given to a job rather than by a route of accreditation and/or demonstration of educational competency. However there is now a route to accreditation as a specialist oncology pharmacist, via the Pharmaceutical Society (RPS) Faculty which contains a Cancer Care Expert Professional Practice Curriculum. This curriculum provides an overview of the knowledge, skills, experiences and behaviours required to practice at advanced level in Cancer Care at three stages: Advanced Stage I, Advanced Stage II and Mastery, in line with the requirements of the RPS Advanced Pharmacy Framework. By completing a portfolio of evidence mapped against the frameworks, pharmacist can apply for accreditation as a specialist with the RPS Faculty. There is also a higher education route through which pharmacists are able to study and achieve postgraduate qualifications in oncology. See BOPA guidelines for detail [http://www.bopawebsite.org/publications/docs/bopa-guidance](http://www.bopawebsite.org/publications/docs/bopa-guidance)

9.3 Specific Nurse Competencies

Nursing staff have to successfully complete the network agreed qualification before they are deemed competent to administer chemotherapy and systemic anticancer therapies i.e. the Chemotherapy Modules delivered by Northumbria, Teesside and Cumbria Universities. As well as the prescribing qualification nurses must be senior
Guidance for Non Medical Review and Prescribing of Anticancer Medicines for Oncology and Haematology Patients

experienced chemotherapy nurses working at Agenda for Change Band 7 or above before commencing NMP training in oncology/haematology.

Therefore, within the NECN we suggest that any Nurse who is working as a non medical prescriber in oncology prescribing systemic anticancer therapies should meet the following requirements and competencies.

1. Ideally has a post graduate qualification in oncology/haematology at minimum of Masters level.

2. Be working as and have achieved competency as a Nurse Practitioner, Clinical Nurse Specialists or Nurse Consultant in Oncology/Haematology.

3. Working at ‘Advanced Practice’ / ‘Expert’ Level as demonstrated by assessment against the NECN ‘Chemotherapy Competency Framework’.

4. It is recommended that all practicing chemotherapy nurses and in particular those who are NMP’s are members of the UKONS Chemotherapy Nurses Forum to provide a network of support as well as a mechanism to share good practice at a national level.

Conclusions

The NECN Chemotherapy Group, Chemotherapy Nurse Group and Pharmacy Group undertake to provide a supportive forum for the discussion and planning of the development of the role of NMP in the Cancer Network. It is recognised that this document is not exhaustive but covers the general principles that NMPs should meet the same competencies for prescribing anticancer medicines that SPRs being trained are expected to meet and that best practice is for a framework document describing the scope of practice of the NMP to be prepared.

References

1. Improving patients' access to medicines: A guide to implementing nurse and pharmacist independent prescribing within the NHS in England. Department of Health 12 April 2006


3. Specialty Training Curriculum for Medical Oncology: Joint Royal Colleges of Physicians Training Board: August 2010: Available at http://www.jrcptb.org.uk/specialties/medical-oncology last accessed 27.11.14

Acknowledgements

Dr Graham Dark, Consultant Medical Oncologist, NCCC
Appendix One

Framework/ Clinical Guideline Template for Chemotherapy Non-Medical Prescriber Clinics

Background
Describe the background to the clinic

Aims
What are the aims of the service?

Resources
Describe the resources in place to run the clinic, e.g. rooms, staffing, etc.

Timescales
Stipulate if the clinic is time limited

Clinical Group
List inclusion / exclusion criteria for patients to be seen in clinic

Patient Pathway & Responsibilities
Consider
- Doctors responsibilities
- Pharmacist NMPs responsibilities
- Describe who will prescribe and what they will prescribe
- Reporting of adverse reactions:
- Frequency of review:
- Describe any specific circumstances where patients may require referral

Training & Competence
Describe necessary competences - refer to framework
Consider
- Patient assessment
- Holistic care
- Prevention and management of side effects
- Chemotherapy administration techniques
- Supplementary prescribing
- Communication

Documentation
Describe what shared notes are used, how the NMP will communicate i.e. dictating clinic letters and what the arrangements for administrative support.

Audit & Review of Clinic Outcomes
Describe arrangements for audit of clinics where appropriate

Document Approval
Agreed By: Oncologist / Haematologist
Trust Chemotherapy Group
### Appendix Two: Record of Oncology Haematology Competencies

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<td>Ability to authorise treatment to proceed following assessment of the patient and relevant laboratory investigations.</td>
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<td>Ability to review a prescription for systemic therapy and accurately identify errors or omissions.</td>
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<tr>
<td>Demonstrate knowledge and understanding of the methods for calculating the correct dose of medication for administration including those based BSA, pharmacokinetic/pharmacodynamic principles.</td>
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<td>Ability to define the scientific basis of causation of nausea and vomiting and ability to identify the likely mechanism of emesis in patient receiving systemic therapy.</td>
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<td>Ability to determine the antiemetic requirements of patients receiving systemic therapy.</td>
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<tr>
<td>Ability to administer intravenous bolus therapies, as prescribed, and according to departmental guidelines. (Nurse only)</td>
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<tr>
<td>Ability to define the principles for dose delay or dose reduction of systemic therapies, based upon haematological toxicity.</td>
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NMP Signature: .......................................................... Date: ......................

Approved by :
(Oncologist / Haematologist)............................................ Date: ......................
Name_________________________________________Job Title________________________________________

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<td>(Prescribe Systemic Anticancer therapy - 2nd cycle onwards)</td>
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<td></td>
<td>Ability to prescribe and order systemic therapies following assessment of the patient and relevant laboratory investigations, using appropriate systems defined by the local authorities.</td>
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<td></td>
<td>Ability to accurately prescribe systemic therapies using various methods for calculating the correct dose of medication for administration including those based on body surface area, pharmacokinetic/pharmacodynamic principles.</td>
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<td></td>
<td>To 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.</td>
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<tr>
<td></td>
<td>Ability to institute appropriate modifications in the prescription of systemic therapy in the light of clinical data that will relate to dose modification parameters relating to organ function.</td>
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<td>Ability to perform a thorough assessment of toxicity and record the clinical information using defined systems such as the Common Toxicity Criteria.</td>
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<td>Ability to prescribe antiemetic medications appropriate to the chosen therapy and modified following review of the patients situation and symptoms following previous treatments.</td>
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## Competency level 2 (Continued)

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<tr>
<td>Ability to define and initiate appropriately the pharmacological and non-pharmacological supportive measures that may be required by patients receiving systemic therapy, including growth factors and antibiotics.</td>
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<td>Ability to define the indications for and adverse reactions associated with the use of blood products and ability to initiate appropriate prescription following assessment of a patients requirement.</td>
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<td>Ability to obtain informed consent for procedures and initiation of treatments.</td>
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<td>Ability to request assistance and advice when a situation requires the involvement of a more senior colleague.</td>
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<td>Ability to determine the appropriateness of continuing treatment, particularly in patients with poor performance status or significant co-morbid conditions.</td>
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<td>Ability to assess objective tumour responses and toxicity and make a balanced judgement about continuing.</td>
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<td>Ability to modify the dosage of systemic therapy based on pharmacokinetic and pharmacodynamic information relating to a patient.</td>
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NMP Signature: .......................... Date: .......................... 

Approved by:  
(Oncologist / Haematologist).......................... Date: ..........................