
Passport Accreditation Programme Guidance

Safe prescription verification of Systemic
Anti-Cancer Therapies (SACT) by pharmacists

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Version 5.0



Version 2-4 edited by: Kumud Kantilal; Jane Ashton; Nisha Shaunak

Version 1 edited and compiled by: Saadhiya Hussain

Contributions:

Jane Ashton

Ruk Parkar

Maggie Bendle

London Cancer Alliance (LCA) Joint Chemotherapy Nurse/Oncology Pharmacy Subgroup

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Guy's and St Thomas' NHS Foundation Trust Pharmacy accreditation procedure for the clinical screening of systemic anticancer medicines produced by Kumud Kantilal, Macmillan Principal Pharmacist, Lead for Education and Training

On behalf of the Medicines and Chemotherapy Steering Group (MCSG)

This document aims to standardise verification of SACT training and accreditation for pharmacists across LCA Trusts and to support transferability of skills.

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Contents

1	Scope of document	4
2	Background	4
3	Outline.....	4
4	Accreditation pathway.....	6
5	Suggested local accreditation	7
6	Supervised prescription logs	8
7	Re-accreditation and re-training.....	8
	7.1 Re-accreditation.....	8
	7.2 Re-training	9
8	“Grandparent clause”	9
	References.....	9
	Appendix 1: LCA authorised competency assessors	9

1 Scope of document

This document is designed for use by all GPhC-registered pharmacists (AfC Band 6 and above) working within a Trust that is part of LCA, who require accreditation and training to be added to the register for competency of verification of systemic anti-cancer therapies (SACT); this includes any temporary/locum staff. This accreditation includes clinical verification of all (SACT, parenteral and oral administration including chemotherapy and non-cytotoxic medications, antibody treatments and novel targeted therapies (e.g.: abiraterone; enzalutamide)

This Passport determines clinical capability to verify SACT, not procedural and, as such, the pharmacist will need to comply with local processes in order to fit the needs of the local service as part of this accreditation programme. This accreditation does **not** include intrathecal accreditations/training information and, at present, does not include technician roles in the verification process for SACT. The procedure does not authorise a pharmacist to verify cytotoxic medications used for non-malignant indications.

2 Background

Prescribing of SACT has been highlighted as a high-risk task that requires pharmacist 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} The requirement is for all pharmacists involved in the verification of SACT to have completed appropriate specialist training, demonstrated competence and hence locally authorised to complete this task.

In recent years, the British Oncology Pharmacy Association (BOPA) have developed standards for the clinical verification of SACT,³ which are now widely in use across most NHS Trusts. This document has been produced by LCA in order to further streamline the accreditation process across the LCA Trusts.

3 Outline

This document outlines the process of accreditation required for a pharmacist when starting his/her training in the cancer setting. It is designed to be used in conjunction with the *London Cancer Alliance Safe prescription verification of Systemic Anti Cancer Therapies (SACT) by pharmacists: Trainee workbook*, which will aid the pharmacist in gaining the minimum required knowledge and skills to competently verify SACT.

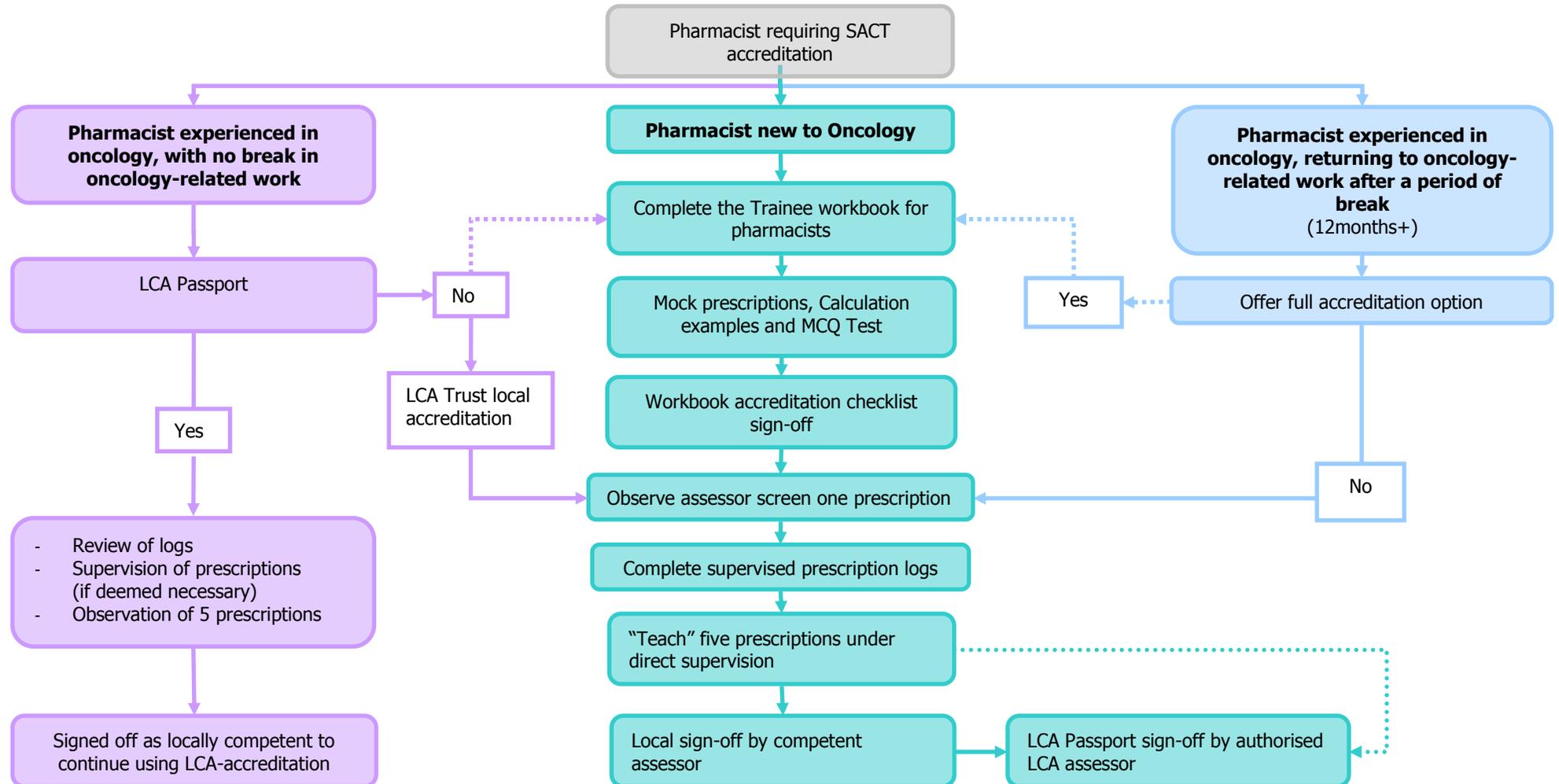
This passport will allow pharmacists to move between LCA Trusts more fluidly; it is only valid when accompanied by the certificate(s) and supervised prescription logs for the local area where the Passport was signed off. The individual pharmacist undertaking the training is responsible for maintenance and keeping records of their training and competency assessments and Passport certificates. These can be held electronically or on paper in accordance with the local LCA Trust training procedures.

Documents required for LCA accreditation:

- LCA safe prescription verification of SACT by pharmacists: Passport Accreditation Programme Guidance
- LCA safe prescription verification of SACT by pharmacists: Trainee Workbook:
 - Accreditation checklist
 - SACT dose calculation examples and competency
 - SACT mock prescription verification examples and competency
 - SACT prescription verification Multiple Choice Question (MCQ) Test
 - SACT Supervised Prescription Verification Log
 - LCA SACT pharmacist competency framework
- LCA SACT prescription verification by pharmacists: Passport ACCREDITATION Certificate
- LCA SACT prescription verification by pharmacists: Passport RE-ACCREDITATION Certificate

4 Accreditation pathway

The following provides details of what needs to be completed in order to be signed off for the LCA SACT prescription verification Passport:



Guidance notes:

Pharmacists new to oncology should complete the full local and LCA accreditation – the LCA accreditation will be an enhanced step to the local accreditation and therefore not additional workload.

For oncology-experienced pharmacists that do not have LCA passport, but have LCA local accreditation, they should continue with the LCA accreditation and/or new Trust's local accreditation in order to be added to the local SACT verification register. The only difference between the local accreditation and LCA accreditation is the breadth of supervised prescriptions; it could be that in order to fulfil local accreditation, the pharmacist has achieved one section of the LCA Passport but not the other, e.g.: enough prescriptions for solid tumour chemotherapy but not for haemato-oncology. The recommended route is to continue with the LCA accreditation to reduce re-accreditation burden. The local accreditation route is usually reserved for smaller hospitals where the balance between operational sign-off and LCA-wide accreditation needs to be made. If the pharmacist does not have the LCA Passport and has not completed an LCA Trust local accreditation, they will need to complete the full LCA accreditation process.

5 Suggested local accreditation

All LCA Trusts must cover *as a minimum* the local accreditation outlined below in order to qualify for the LCA Passport accreditation. This is a guide to the content of each local accreditation and is not representative of all the training requirements at individual Trusts; each Trust should ensure their local accreditation covers the required induction for their respective areas.

- Local induction
 - Read relevant clinical policies (e.g.: *febrile neutropenia guidelines, tumour lysis guidelines, extravasation policy*)
 - Read local SACT prescription verification procedure
- Familiarisation with local and national chemotherapy protocols/algorithms and guidelines and how to access/use these
- Access to electronic prescribing system(s) with associated training (as required)
- Knowledge of funding streams/mechanisms for funding (e.g.: CDF) for certain chemotherapy drugs and the local processes for approving/re-ordering and invoicing, where appropriate

6 Supervised prescription logs

The required number of prescriptions to qualify for LCA Passport is detailed below. Individual Trusts will make the decision as to whether an adjusted number of these are required for local accreditation. If, however, less than the required number of prescriptions is used for local accreditation, the pharmacist will be required to complete further logs if they move to another LCA Trust where the Passport is in use. Once the Passport has been signed off, the pharmacist is able to fluidly move between the LCA Trusts.

Stage I – Watch one: Supervisor “walks through” screening process for one prescription

Stage II – Do a minimum of 50 supervised prescriptions logs, which must include a variety of different prescriptions:

- At least 4 different regimens and including at least 3 different clinical trials
- A minimum suggested guide of 10 prescriptions per area of competence (e.g.: solid tumour, first cycle, clinical trials) is recommended for qualification onto the LCA passport
- It is recommended wherever possible that these logs are reviewed by the specialist pharmacist in that field
- The supervisor should refer to the LCA competency framework for details of the minimum requirements to cover in each verification episode
- 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

Stage III – Teach five: Pharmacist in training will “walk through” their screening process with the supervisor

- The supervisor will directly supervise the screening of the prescriptions, without prompting
- Supervisor should refer to the LCA competency framework for details of the minimum requirements to cover in each screening episode

A copy of the supervised prescription log can be found in the Trainee Workbook. If more supervised prescription logs are deemed necessary, please photocopy additional prescription logs.

7 Re-accreditation and re-training

7.1 Re-accreditation

Re-accreditation needs to be completed after a period of twelve months from the date of addition to the Register. This is the responsibility of the individual pharmacist, and failure to do this will result in their name being removed from the local clinical verification of SACT register. Please see below for the re-accreditation procedure and refer to the LCA website for a copy of the re-accreditation certificate:

- Self-declaration
 - I wish my name to remain on the local register for verification of SACT prescriptions
 - I have screened a minimum of ten SACT prescriptions in the last twelve months
 - I declare that I remain competent to screen SACT prescriptions
 - I have read the local chemotherapy policies and am familiar with the SACT protocols currently in use
- Read the local SACT prescription verification SOP and be familiar with the BOPA Standards for clinical pharmacy verification of prescriptions for cancer medicines³

7.2 Re-training

Retraining should be considered if it is identified through the error reporting system (or other local procedures) that an accredited pharmacist has made a clinical error during a verification session. The final decision will need to be made by the LCA-accredited assessor or their nominated deputy in line with the following suggestions and local governance procedures. This document does not detail any potential capability and / or disciplinary procedures that may need to be considered in line with local policies.

The suggested criteria for re-training include:

- One error that has caused severe patient harm
- Two clinically significant dosing errors resulting in potential patient harm, e.g.: dosing error of more than 25%
- An error that has financial implications to the Trust e.g.: a funding error

It is generally considered that an error made due to a mistake, (when the individual takes the wrong course of action believing it to be right) or violation (any deliberate deviations from rules, procedures, instructions, and regulations) will require re-training.

8 “Grandparent clause”

Under this grandparent clause, exemption from further accreditation is open to pharmacists who have already completed a local SACT prescription verification training programme and have been deemed competent by a local competency assessor. These pharmacists may be signed off by an LCA authorised assessor for the LCA Passport.

'Grandparenting' can be defined as the recognition of pharmacists whose training may not meet the minimum criteria set in the LCA SACT prescription verification accreditation programme, but who have undertaken relevant training and assessment prior to the LCA SACT prescription verification accreditation programme being available and have considerable proven, relevant, experience ranging over a period of time.

References

1. Department of Health. (2011) Chemotherapy standards 3C-209
2. National Cancer Action Team (2009) Quality and Safety of Chemotherapy Services
3. British Oncology Pharmacy Association (2013) Standards for Pharmacy Verification of Prescriptions for Cancer Medicines

Appendix 1: LCA authorised competency assessors

The competency assessor will be the senior cancer services pharmacist in each LCA Trust (or an appointed deputy). The name of assessors is held centrally by the LCA.

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London Cancer Alliance

5th Floor Alliance House

12 Caxton Street

London SW1H 0QS

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