RM Partners
West London Cancer Alliance
Hosted by The Royal Marsden NHS Foundation Trust

SELCA
South East London Cancer Alliance

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North Central and East London Cancer Alliance

SACT Pharmacy Passport Guidance

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

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This document aims to standardise verification of SACT training and accreditation for pharmacy staff

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1 Scope of document

This document is designed for use by all GPhC-registered pharmacy staff who require accreditation and training to be added to the register for competency of verification of systemic anti-cancer therapies (SACT). 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 trainee 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. The procedure does not authorise pharmacy staff to verify cytotoxic medications used for non-malignant indications.

2 Background

Prescription of SACT has been highlighted as a high-risk task 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] The requirement is for all pharmacy staff 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. The passport aims to standardise verification of SACT training and accreditation for pharmacy staff, which will enable staff to move seamlessly between organisations within pharmacy settings (community and hospital sector).

3 Outline

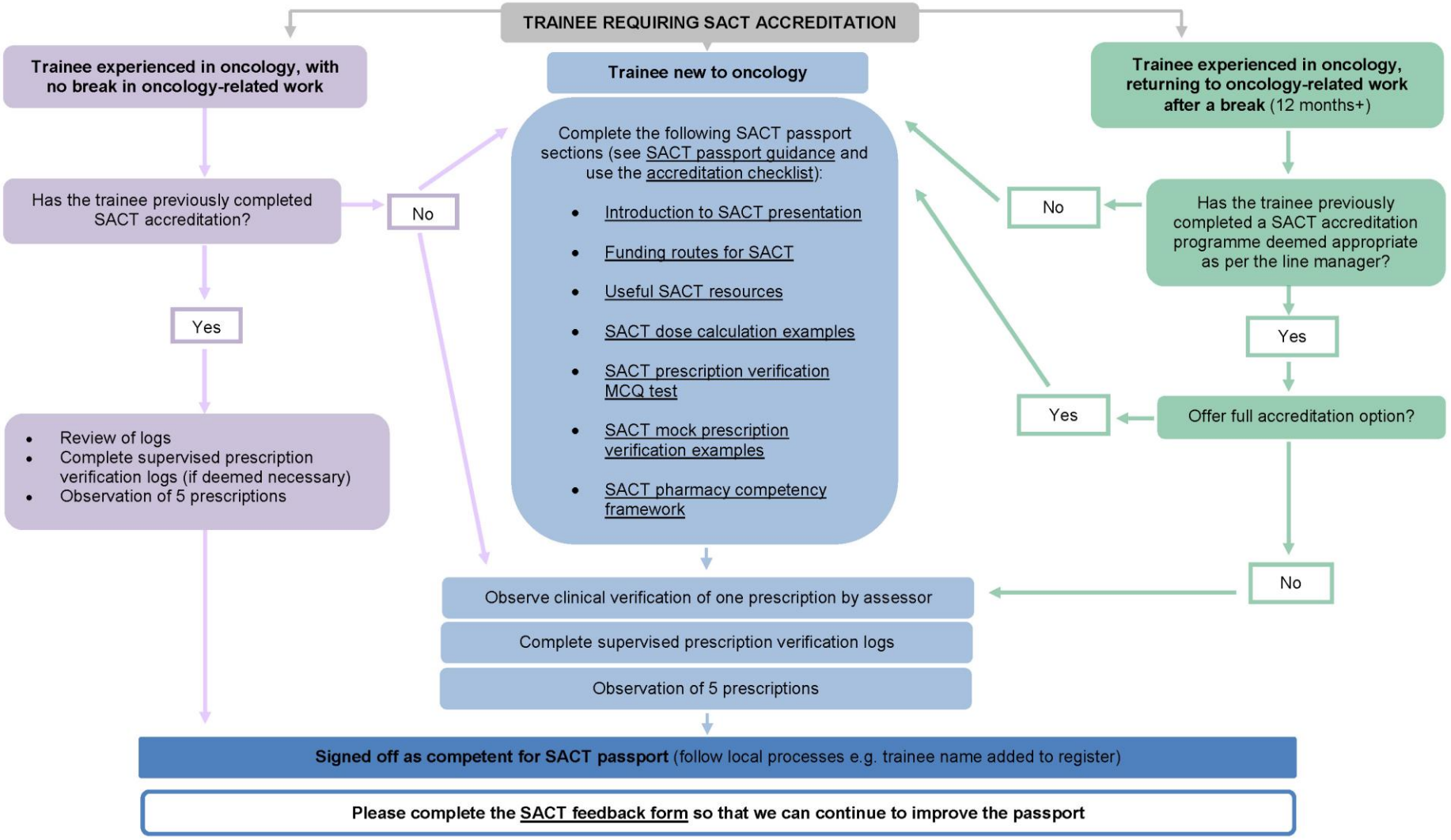
This document outlines the process of accreditation required for pharmacy staff when training in the cancer setting.

It is anticipated that this passport will allow the trainee to move between organisations 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 the trainee 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 organisation training procedures.

Documents required for accreditation:

- Introduction to SACT' presentation
- Funding Routes for SACT
- SACT dose calculation examples
- SACT Prescription verification Multiple Choice Question (MCQ) Test
- SACT mock prescription verification examples
- SACT competency framework
- Prescription verification Log
- Accreditation checklist
- Useful SACT resources

Pan London Systemic Anti-cancer Therapies (SACT) Passport for Pharmacy Pathway



4 Suggested Local Accreditation

- Each Trust should ensure their local accreditation covers the required induction for their respective areas, including:
- 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)

5 Supervised Prescription Logs

The required number of prescriptions to qualify for the Passport is detailed below. Individual organisations 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 trainee may be required to complete further logs if they move to another organisation where the Passport is in use.

Stage I – **Watch** one: Supervisor "walks through" clinical verification 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, if applicable
- 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 passport
- It is recommended wherever possible that these logs are reviewed by the specialist pharmacist in that field
- The supervisor should refer to the 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 clinical verification process with the supervisor

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

A link to the SACT supervised prescription verification log can be found on the home page. If more supervised prescription logs are deemed necessary, please photocopy additional prescription logs.

6 Guidance for SACT Verification Assessors

6.1 Marking the funding routes for SACT, calculations and multiple choice questions

A copy of the answers will be made available to the lead cancer services pharmacist in the organisation. They may distribute these to assessors within their organisation as appropriate. If you require a copy of the answers please email rmpartners.sact@nhs.net.

6.2 Providing feedback on the mock prescriptions in the workbook

A minimum of 10 mock prescriptions is suggested for accreditation.

Each mock prescription will contain a number of errors that should be identified during SACT verification.

A summary of the prescribing errors will be made available to the lead cancer services pharmacist in the organisation. They may distribute these to assessors within their organisation as appropriate.

The mock prescriptions to be completed should be identified locally according to the tumour pathway boards within the organisation.

Assessors should refer trainees to local/British Oncology Pharmacy Association (BOPA) verification standards. (See SACT Pharmacist Competency Framework).

Trainees should be encouraged to discuss their individual verification process (i.e. verification checklist) with assessors.

6.3 Assessing supervised SACT prescription logs

A minimum of 50 supervised prescription logs is suggested for accreditation. It is recommended that a variety of prescriptions be identified to maximise learning.

Assessors should refer trainees to local/British Oncology Pharmacy Association (BOPA) verification standards.

Trainees should be encouraged to discuss their individual verification process (i.e. verification checklist) with assessors.

Assessors are encouraged to refer to the verification competencies to ensure that the trainee has achieved the required competencies. (See SACT Pharmacist Competency Framework).

Assessors may decide to adjust the minimum number of supervised prescriptions for local accreditation.

6.4 Who can assess SACT verification competency?

It is suggested that SACT verification assessors will be agreed locally, who have attained the SACT verification Passport and have more that 12-months practice in SACT verification. It is suggested that assessors will have completed a supervised teaching assessment.

The lead pharmacist usually holds assumed competence. These individuals are encouraged to obtain peer assessment and feedback from colleagues with a similar role in another organisation/site. See Appendix 1 for Assessor Certificate.

6.5 New, Experienced and Returning to Practice

6.5.1 New to SACT verification

All pharmacists new to cancer services should complete the SACT passport in its entirety before accreditation; i.e. introduction to SACT presentation, funding routes for SACT, calculations, multiple choice questions, mock prescriptions, supervised SACT prescription logs and SACT verification competency framework.

Pharmacists working in outsourced outpatient dispensing services need to work closely with hospital oncology pharmacy leads in agreeing any local variations to the passport based on the scope and complexity of clinical screening services.

6.5.2 Transferring employers or area of practice

Experienced pharmacists transferring to a new employer or starting in a new area of practice who provide evidence of training in SACT verification may not be required to complete the introduction to SACT presentation, funding routes for SACT, calculations, multiple choice questions or mock prescriptions.

The new employer should be satisfied that the individual is competent and can demonstrate awareness of local procedure and policies. Therefore, all pharmacists are required to complete supervised SACT prescription logs.

Assessors should agree the minimum number of supervised prescriptions to be verified to satisfy local accreditation.

Assessors should refer trainees to local/British Oncology Pharmacy Association (BOPA) verification standards if appropriate.

Individuals should be encouraged to discuss their verification process (i.e. verification checklist) with Assessors.

Assessors are encouraged to refer to the verification competencies to ensure that the individual has achieved the required competencies if appropriate.

6.5.3 Returning to practice or infrequently verifying SACT prescriptions

Absence from work/not verifying SACT prescriptions for a period of over 12 months requires re-assessment of clinical competence. This involves the completion of an agreed number of supervised SACT prescription logs.

All pharmacists deemed competent in SACT verification are expected to take responsibility for maintaining and updating their knowledge and practice. However, pharmacists that verify SACT on an infrequent basis or do not feel competent in any aspect of verifying SACT prescriptions should seek further training and re-assessment.

Offer full accreditation option as for pharmacists new to SACT prescription verification if appropriate.

6.6 Failure to meet the requirements of SACT verification

If the trainee fails to achieve the necessary requirements, the assessor should provide detailed feedback with a documented improvement plan. Expectations between the trainee and the assessor must support and address all capability and knowledge gaps.

Support and guidance can be sought from local clinical trainers and relevant HR services including reference to any applicable development policies / guidelines.

7 References

Department of Health. (2011) Chemotherapy standards 3C-209

National Cancer Action Team (2009) Quality and Safety of Chemotherapy Services

British Oncology Pharmacy Association (2018) Standards for Clinical Pharmacy Verification of Cancer Medicines Prescriptions

Appendix 1: SACT Verification Passport Assessor Certificate

- I am a registered pharmacist with more than 12 months of experience of SACT prescription verification
- I will use the SACT Verification Passport when conducting assessments
- I have successfully completed the SACT verification Passport accreditation/re-accreditation within the last 12 months
- I have read and understood the local SACT policy or equivalent

Name of Pharmacist:

GPhC no.:

Base Hospital:

Position:

Signature:

Date:

I certify that _____ is capable of conducting assessments and accreditation for pharmacists in SACT prescription verification.

Name of Lead Pharmacist:

Position:

Signature:

Date of certification: