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

SELCA
South East London Cancer Alliance

NHS
North Central and East London Cancer Alliance

# SACT Competency Framework – For Verification Only

(This document does not include Health and Safety, Safe Handling or Consultation Technique)

| Outcome | Theoretical Application | Competent | Non-competent | Learning outcomes achieved |
|---|---|---|---|---|
| Demonstrates a knowledge and understanding of blood results. | Check laboratory values, FBC, U&Es and LFTs are within accepted limits if appropriate.<br>Check doses are appropriate with respect to renal and hepatic function and any toxicities experienced.<br>Check other essential tests have been undertaken if appropriate. | ☐ | ☐ | |
| Demonstrates an ability to clinically verify parenteral SACT prescriptions. | Completes necessary Trust SACT clinical screening test.<br>Awareness of local Trust SACT accreditation policy and BOPA verification standards. https://www.bopa.org.uk/resources/bopa-standards-for-clinical-pharmacy-verification-of-cancer-medicine-prescriptions-october-2018/ | ☐ | ☐ | |
| Demonstrates an ability to clinically verify oral SACT prescriptions. | Completes necessary Trust SACT clinical screening test.<br>Awareness of local Trust SACT accreditation policy and BOPA verification standards. https://www.bopa.org.uk/resources/bopa-standards-for-clinical-pharmacy-verification-of-cancer-medicine-prescriptions-october-2018/ | ☐ | ☐ | |

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|---|---|---|---|---|
| Demonstrates knowledge of the routes of the administration of SACT, and the rationale underpinning the choices. | a) Explains the rationale for, and relevant risks associated with, the different routes used predominately within their clinical area in relation to the patient and the regimen.<br>• Intravenous/Oral/Subcutaneous or Intramuscular/Intrathecal<br>• Topical/Isolated Limb Perfusion/Intra-arterial/Intra-cavity: Intra-vesical, Intra-peritoneal, intra-pleural, intra-ventricular (where appropriate)<br>• Chemo-radiotherapy<br>b) Be aware that the accreditation to verify intrathecal prescriptions is not covered by this training package. A separate accreditation must be completed as per your local Trust SACT accreditation policy. | ☐ | ☐ | |
| Demonstrates knowledge and understanding of SACT, the risks and associated risk management principles. | a) Knowledge of local policy regarding levels of staff authorised to prescribe SACT, including restrictions on first cycles/initiation of new lines of treatment.<br>b) Knowledge of the consenting procedure and documentation of the treatment plan. | ☐ | ☐ | |
| If applicable, demonstrates knowledge of the differences between research/clinical trial SACT from standard treatment. | a) Demonstrates an understanding that screening of clinical trial prescriptions is beyond the scope of this training package. Please refer to local accreditation pathway for verification of clinical trial prescriptions. | ☐ | ☐ | |
| Demonstrates understanding of the different groups of SACT drugs and their actions. | a) Explains the cell cycle and the difference between cell cycle phase-specific drugs and cell cycle non-specific drugs, and can give one example of each.<br>b) Consider the different groups of SACT drugs and give a brief description of their modality of action (must include cytotoxic, targeted therapy, monoclonal, immunotherapy, CAR-T, hormones).<br>c) Demonstrates where to find detailed information about the specific drugs and drug regimens to be administered. | ☐ | ☐ | |

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|---|---|---|---|---|
| Demonstrates ability to recognise and respond to common SACT side effects and the interventions patients can use to try and reduce, prevent or cope with these. | a) Names one SACT drug that could cause each of the following common side effects and explains associated nursing and medical management for each.<br>• Acute nausea and vomiting<br>• Stomatitis and mucositis<br>• Diarrhoea<br>b) Gives one clinical example of a SACT drug that can cause the following organ toxicities and explains the associated nursing/medical monitoring required for each, and demonstrates where results of investigations can be found and actions to be taken if the results are unavailable.<br>• Cardiac toxicity<br>• Pulmonary toxicity<br>• Nephrotoxicity<br>• Hepatic toxicity<br>• Thyroid toxicity<br>c) Explains the difference between immediate, short- and long-term side effects and how these can impact on quality of life, functionality, rehabilitation and survivorship.<br>d) Explains how side effect grading is determined and why it is needed in clinical practice, e.g. Common Toxicity Criteria.<br>e) Explains which patients receiving SACT are at risk of myelosuppression and the associated complications, with respect to:<br>• Blood results – reference ranges<br>• Nadir of individual drug(s)<br>• Monitoring<br>f) Understands that required haematological parameters may differ for treatment of haematological malignancies and solid tumours. Also consider treatment intent. | ☐ | ☐ | |
| Demonstrates the rationale underpinning the administration of supportive treatment and treatment intent. | a) Checks supportive care is prescribed and is appropriate for the patient and regimen.<br>b) Explains the rationale, timing, routes of administration and side effects for the pre-medication and supportive treatment prescribed on the proforma e.g. anti-emetic, pre-hydration, antihistamines, GCSF. | ☐ | ☐ | |

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|---|---|---|---|---|
| Demonstrates knowledge and understanding of the acute oncology and emergency presentations associated with SACT. | Awareness of treatment of the following SACT-related emergency situations:<br>• Neutropenic sepsis<br>• Tumour lysis syndrome<br>• Nausea and vomiting<br>• Dehydration<br>• Haemorrhage<br>• Thrombus/pulmonary embolism<br>• Allergic/hypersensitive reactions – including likelihood of reaction with the drugs on the proforma<br>• Anaphylaxis | ☐ | ☐ | |
| Demonstrates ability to clinically assess patients, review medications and devise care plans for patients. | a) Conduct medication review with patients documenting any issues with medications, including identifying and understanding concept of disease-drug interactions and drug-drug interactions.<br>b) Be able to devise an appropriate pharmaceutical care plan relevant to a patient's SACT treatment.<br>c) Awareness of imaging and other strategies for monitoring disease, e.g. tumour markers. | ☐ | ☐ | |