

YCN Chemotherapy Education Programme

Introduction

The Manual of Cancer Services (2004) has driven the need to develop a Network training programme for staff administering chemotherapy. The Manual stated that this programme should be delivered by nurse trainers, should be competency based and available to medically qualified staff who are required to potentially administer systemic intravenous chemotherapy as part of their duties (Quality Measures 1E-316, 1E-317). In addition, chemotherapy services within acute Trusts should agree to provide the training programme (Quality Measure, 3C-148).

In response, the Yorkshire Cancer Network (YCN), has developed and produced a chemotherapy education programme for the administration of chemotherapy across the YCN and also for disconnection of chemotherapy pumps, a role commonly performed by staff within Primary Care Trusts. The programme incorporates competency frameworks which are based upon the work of Skills for Health and support the Knowledge and Skills Framework (KSF), a teaching pack and a workbook.

Implementation of this programme will ensure that acute Trusts within the YCN comply with their requirement to offer a Network agreed chemotherapy administration programme. Primary Care Trusts are not required to offer this programme; however, introducing the YCN chemotherapy education programme within these organisations will improve clarity of guidance, standardisation and sharing of best practice. It will also provide an agreed safe standard of practice upon which to base service delivery and therefore, its implementation is encouraged.

The history of chemotherapy training within the YCN

Prior to development of the YCN chemotherapy programme, Acute and Primary Care Trusts delivered training programmes using different models. The quality of the process was not standardised and best practice was not shared across the Network to ensure patients received the highest quality care.

Staff education was provided in two ways:

1) Acute Trusts provided in-house training courses. The content of these programmes and the associated competency frameworks were not shared across the YCN.

Primary Care Trusts operated a number of systems to ensure staff development in this field. Some organisations had individuals working in educational roles who provided this training, usually with the support of staff in the neighbouring acute Trust. Some organisations used clinically based link workers who were trained by an acute Trust. Others directly accessed the educational services within the acute Trusts to develop their staff.

2) Education and competency assessment was and still is provided in the form of an accredited course delivered through the University of Leeds. A module entitled “Care of the patient requiring chemotherapy” provides candidates with the opportunity to achieve 40 credits at degree level and includes a mix of practical and theoretical content. This module is available to all staff who are required to deliver chemotherapy and is considered the gold standard for chemotherapy education. As such it is of particular relevance to:

- nurse trainers delivering chemotherapy education
- nurses who undertake assessment of others delivering chemotherapy
- clinical chemotherapy area managers

Previous work undertaken

The YCN supported a project from 2003-2004 which responded to the Manual of Cancer Services (2004) and focused on developing an agreed chemotherapy training programme across the Network. As a result of this process, draft competencies were produced based on the draft Core Competency Framework for Cancer Nursing and the Scottish National Board chemotherapy competency framework. In addition by the time the project ended, the first stages of a chemotherapy workbook for staff were completed and investigation took place into the viability of an E-learning package to deliver chemotherapy education. It was a further year before the work was continued.

In 2005, the work was resurrected, however, the national picture had been influenced by the arrival of agenda for change, the knowledge and skills framework (KSF) and the development of National Workforce Competences in chemotherapy administration through Skills for Health. The national chemotherapy competencies developed by Skills for Health were mapped to the KSF and were promoted nationally as tools to use in the assessment of staff undertaking these clinical skills.

Development of the YCN chemotherapy education programme

This programme has been developed by nursing and educational / professional development representatives from acute Trusts and Primary Care Trusts across the YCN through the YCN chemotherapy education group. The project was led by the YCN chemotherapy education project facilitator.

The programme is aimed at ensuring a minimum safe standard of practice and is suitable for those nurses who have not undertaken degree level chemotherapy training with Leeds University, yet are required to deliver chemotherapy or disconnect chemotherapy pumps as part of their role.

As part of the development process, the YCN chemotherapy education group agreed and recommended the following points as good practice standards:

- Learners new to chemotherapy administration or chemotherapy pump disconnection should successfully complete a competency assessment, using the YCN chemotherapy competency documents, prior to practicing independently.
- Learners undertaking the YCN programme are not obliged to attend a formal teaching / study session providing they are offered other routes and opportunities for learning and are able to evidence this: e.g. self-directed learning. However, the Network recognises the value of interactive teaching / study sessions, particularly for staff where chemotherapy administration is a major part of their role and strongly recommend this as a suitable route for training.
- The YCN chemotherapy teaching pack may be used as an independent reference tool, as a complete package for training, or may be used to supplement existing teaching packages where gaps are recognised. Trusts who wish to use the YCN package to supplement their existing package should benchmark their programme against the YCN teaching pack and competency documents. Areas for improvement should be identified and supplemented in line with the YCN standard.
- Taught educational programmes may be available within a learner's organisation or may be accessed by negotiation with another Trust. Chemotherapy educators across

the YCN should ensure that teaching / study sessions (or alternative learning opportunities provided), equip practitioners to successfully achieve competency assessment in line with the YCN chemotherapy competency framework. This is essential for acute Trusts who are required to provide a Network agreed training programme, therefore, where acute Trusts do not use the Network developed teaching pack, they must be able to evidence that they provide the learner with all the knowledge and information contained within the YCN teaching pack.

Although Primary Care Trusts are not required to provide a Network agreed training they are encouraged to support these same standards of practice.

- The YCN teaching pack may be delivered within existing local arrangements for training.
- Evidence of learning can be supplemented through completion of the YCN chemotherapy workbook.
- Acute and Primary Care Trusts should agree how they will provide the Network agreed training programme

Philosophy underpinning the YCN chemotherapy administration educational programme

In light of the above, members of the YCN chemotherapy education group agreed the following points which underpinned development of the current YCN programme:

1. Degree level chemotherapy education is the gold standard for chemotherapy staff.
2. Not all staff will undertake a degree level chemotherapy education programme in practice and so there remains a need for an agreed programme to ensure a minimum safe standard of practice in chemotherapy administration.
3. Agreement in this standard of practice will allow staff to move within the YCN without the need for re-assessment of skills if a standard educational programme and competency assessment has been undertaken and can be evidenced. It is encouraged for all acute and primary care Trusts within the YCN to acknowledge skills when staff are trained to the YCN framework and move between organisations.
4. Competency frameworks should adequately reflect the needs of individual services.
5. Competencies should reflect the work of Skills for Health
6. Learning frameworks should be approached with flexibility in mind. Hence, it is important that staff are able to provide evidence of self-directed learning as an alternative to having to attend a study session.
7. A workbook is considered to be a useful tool to assist self-directed learning and the group supported its development
8. It is important, particularly as medical training becomes competency based, that medical staff are assessed within the programme .Doctors are generally consulted at the point chemotherapy complications occur and must be able to demonstrate knowledge to this effect.
9. The YCN does not support the administration of chemotherapy by medical staff. However, should this occur, medical staff are expected to demonstrate the same levels of competence and undergo competence assessment in line with their nursing colleagues.

YCN chemotherapy competency documents

Skills for Health developed 92 competency frameworks that have been directly linked to chemotherapy.

These can be found at www.skillsforhealth.org.uk/frameworks.php.

Common chemotherapy practices within the YCN were mapped to the Skills for Health National Workforce Competencies by the YCN chemotherapy education group. It was agreed, to ensure a minimum standard of practice in chemotherapy delivery, the following National Workforce Competences should be achieved by the relevant staff groups.

1) Qualified staff working in areas where intravenous chemotherapy administration and oral chemotherapy administration/supply is a routine part of their role (e.g. inpatient and out-patient chemotherapy delivery areas).

Staff should achieve:

CHEM 1: Deliver chemotherapy treatment intravenously
CHEM 7: Administer oral chemotherapy
CHEM 8: Provide oral chemotherapy medication
CHEM 13: Undertake an assessment or re-assessment of a patient for chemotherapy
CHEM15: Monitor and manage the environment and resources during and after clinical / therapeutic activities

NB: It is expected that staff working towards these competencies also demonstrate competence in:

CHS23: Carry out intravenous infusion
H179: Provide information and material to users

It may also be necessary, dependent on role to achieve:

CHS22: Perform intravenous cannulation
CHEM5: Apply scalp cooling

2) Qualified staff working in areas where intravenous chemotherapy administration is a routine part of their role (e.g. inpatient and out-patient chemotherapy delivery areas).

Staff should achieve:

CHEM 1: Deliver chemotherapy treatment intravenously
CHEM 13: Undertake an assessment or re-assessment of a patient for chemotherapy
CHEM15: Monitor and manage the environment and resources during and after clinical / therapeutic activities

NB: It is expected that staff working towards these competencies also demonstrate competence in:

CHS23: Carry out intravenous infusion
H179: Provide information and material to users

It may also be necessary, dependent on role to achieve:

CHS22: Perform intravenous cannulation
CHEM5: Apply scalp cooling

3) Qualified staff working in roles where oral chemotherapy administration and/or oral chemotherapy supply is a routine part of their practice

Staff should achieve:

CHEM 7: Administer oral chemotherapy

CHEM 8: Provide oral chemotherapy medication

CHEM 13: Undertake an assessment or re-assessment of a patient for chemotherapy

NB: It is expected that staff working towards these competencies also demonstrate competence in:

H179: Provide information and material to users

4) Qualified staff who as part of their role are required to administer intravenous chemotherapy (including pump connection) via a central venous catheter when a decision to treat has already been reached and this does not form a regular part of their role (e.g. Qualified nurses working within primary care settings)

Staff should achieve:

CHEM 1: Deliver chemotherapy treatment intravenously

CHEM15: Monitor and manage the environment and resources during and after clinical / therapeutic activities

5) Qualified staff who as part of their role are required to disconnect intravenous chemotherapy from a central venous catheter

Staff should achieve:

CHEM 1: Deliver chemotherapy treatment intravenously

CHEM15: Monitor and manage the environment and resources during and after clinical / therapeutic activities

6) Qualified staff who as part of their role are required to administer subcutaneous chemotherapy when this is not a regular part of their practice and a decision to treat has already been reached (e.g. Qualified nurses working within primary care settings)

Staff should achieve:

CHS3: Administer medication to individuals

CHEM15: Monitor and manage the environment and resources during and after clinical / therapeutic activities

7) Medically qualified staff working in areas where intravenous chemotherapy administration is routine and where they may be required to assist in the management of complications of chemotherapy administration

Staff should achieve:

CHEM 1: Deliver chemotherapy treatment intravenously

CHEM 13: Undertake an assessment or re-assessment of a patient for chemotherapy

CHEM15: Monitor and manage the environment and resources during and after clinical / therapeutic activities

Associated competency documents for the above practices have been developed. During their development, it was recognised that not all elements of the National Workforce Competences are applicable in every situation. Therefore, where appropriate, elements have been shaded out and need not be achieved. In addition, it is permissible for any element to be marked 'not applicable' in line with individual roles.

Competency assessment for nursing staff

1. When staff are new to chemotherapy, competency assessments must be undertaken prior to staff undertaking unsupervised practice.
2. A learning programme must be provided prior to or alongside the practical skills development process.
3. It is expected that all practitioners engaged in chemotherapy practices addressed by the YCN competency documents, achieve a level of proficiency which is reviewed annually (Quality Measure, 3C-145).
4. Assessment within the acute settings remain the responsibility of the named nurse trainer for the clinical chemotherapy service (Quality Measure 3C-145)
5. Assessments for PCT staff can be undertaken in a number of ways and must be decided locally e.g. through negotiation with educational service providers within the acute settings, through locality practice development departments, through mentorship from senior colleagues who have evidenced and up to date experience in chemotherapy administration or through liaison with acute out-reach education workers.

Competency assessment for medical staff

The YCN chemotherapy competency document for medical staff has been developed to reflect that medical staff are not expected to administer chemotherapy, but may be asked to manage complications when they occur clinically. It may be used by any grade of medical staff where a training need has been identified by their supervisor; however completion of it is considered an essential requirement for specialist registrars in training.

Medical staff should attend a taught YCN agreed chemotherapy teaching / study session prior to undertaking competency assessment. The timing of competency assessment should be agreed with a training supervisor as there may be some placements where possession of this knowledge is more applicable. Competency assessment will be undertaken by a chemotherapy administration nurse assessor and should be arranged on an individual basis.

Teaching Pack and Workbook

These have been developed by the YCN to support attainment of competence and production of evidence required to complete competency assessment.

How the chemotherapy education programme works

Practitioners select the relevant YCN chemotherapy competency document based on their learning needs. This should be agreed as part of their Personal Development Plan (PDP).

Practitioners should provide evidence to their assessor to demonstrate how the competency statements have been achieved. There are a number of different types of evidence that can be used, some suggestions are:

- Summary of conversation between mentors and practitioners
- Reflection upon study event
- Self-directed learning
- Completion of YCN workbook
- Question and answer session
- Copies of documentation that have had patient identifiable data removed
- Workshops
- Self tests

- Observation of practice
- Other, to be agreed with assessor

Where competency in particular elements has been achieved through prior learning and can be evidenced, this may be discussed with an assessor and need not be reassessed. The assessor should be satisfied that the practitioner fulfils the statements outlined in the YCN chemotherapy competency documents and is able to practice at that level.

What are the benefits of the Network chemotherapy education programme?

It assists individual practitioners to: -

- Plan and develop their career pathway.
- Identify their own training and education/skill requirements.
- Access appropriate education and training.
- Self-assess performance in relation to the Knowledge and Skills Framework (KSF) and the development of a Personal Development Plan (PDP).

It provides managers with an objective system for:-

- Assessing competency as part of KSF and the PDP process.
- Informing future roles/responsibilities, job description and person specification development.
- Measuring competency within a team to inform skill mix review/staffing establishment.
- Identifying the need for, planning and developing a chemotherapy education and training programme.
- Identifying workforce training demand.
- Monitoring progress in achieving national targets/standards.
- Future development of a team/service.

Appendix 1: How Skills for Health National Workforce Competences map to the Knowledge and Skills Framework

Skills for Health Competence Framework	KSF Mapping
Chem 1: Deliver chemotherapy treatment intravenously	Health and wellbeing HWB 7 : Level 3
Chem 5: Apply scalp cooling	Health and wellbeing HWB 7 : Level 2
Chem 7: Administer oral chemotherapy	Health and wellbeing HWB 7 : Level 2
Chem 8: Provide oral chemotherapy medication	Health and wellbeing HWB 7 : Level 2
Chem 13: Undertake an assessment or re-assessment of a patient for chemotherapy	Health and wellbeing HWB 6 : Level 4
Chem 15: Monitor and manage the environment and resources during and after clinical/therapeutic activities	Health and wellbeing HWB 7 : Level 1
CHS3: Administer medication to individuals	Health and wellbeing HWB 5 : Level 3
CHS22: Carry out intravenous cannulation	Health and wellbeing HWB 7 : Level 3
CHS23: Carry out intravenous infusion	Health and wellbeing HWB 7 : Level 3
H179: Provide information and material to users	Information and knowledge IK3 : Level 2