Children's Cancer and Leukaemia Group | the EXPERTS in CHILDHOOD CANCER

Career and Education Framework for Children and Young People (CYP) Cancer Nursing V3.0: Guidance for;

Pre-registration children's field of nursing practice
Registered nurses in general settings
Support workers, Nursing Associates, and
Registered Nurses in specialist CYP cancer care

YOUNG LIVES vs CANCER

Royal College of Nursing
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2.0 (Major review, revised and renamed)	RCN / CCLG Competencies: an integrated career and competence framework for nurses working in the field of children and young people's cancer care	RCN / CCLG Children and Young People Cancer Nurses Community (CYPCN) Formerly the RCN Paediatric Oncology Nursing Forum (PONF)	Royal College of Nursing Publication code 003 845 ISBN 978-1-906633-50-9	Sept 2010	Oct 2013
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[1] **RCN Royal College of Nursing** www.rcn.org.uk/

[2] **CCLG Children's Cancer & Leukaemia Group** www.cclg.org.uk/

[3] **European Oncology Nursing Society** cancernurse.eu/

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1. Summary
2. Definition in this document

1. Summary

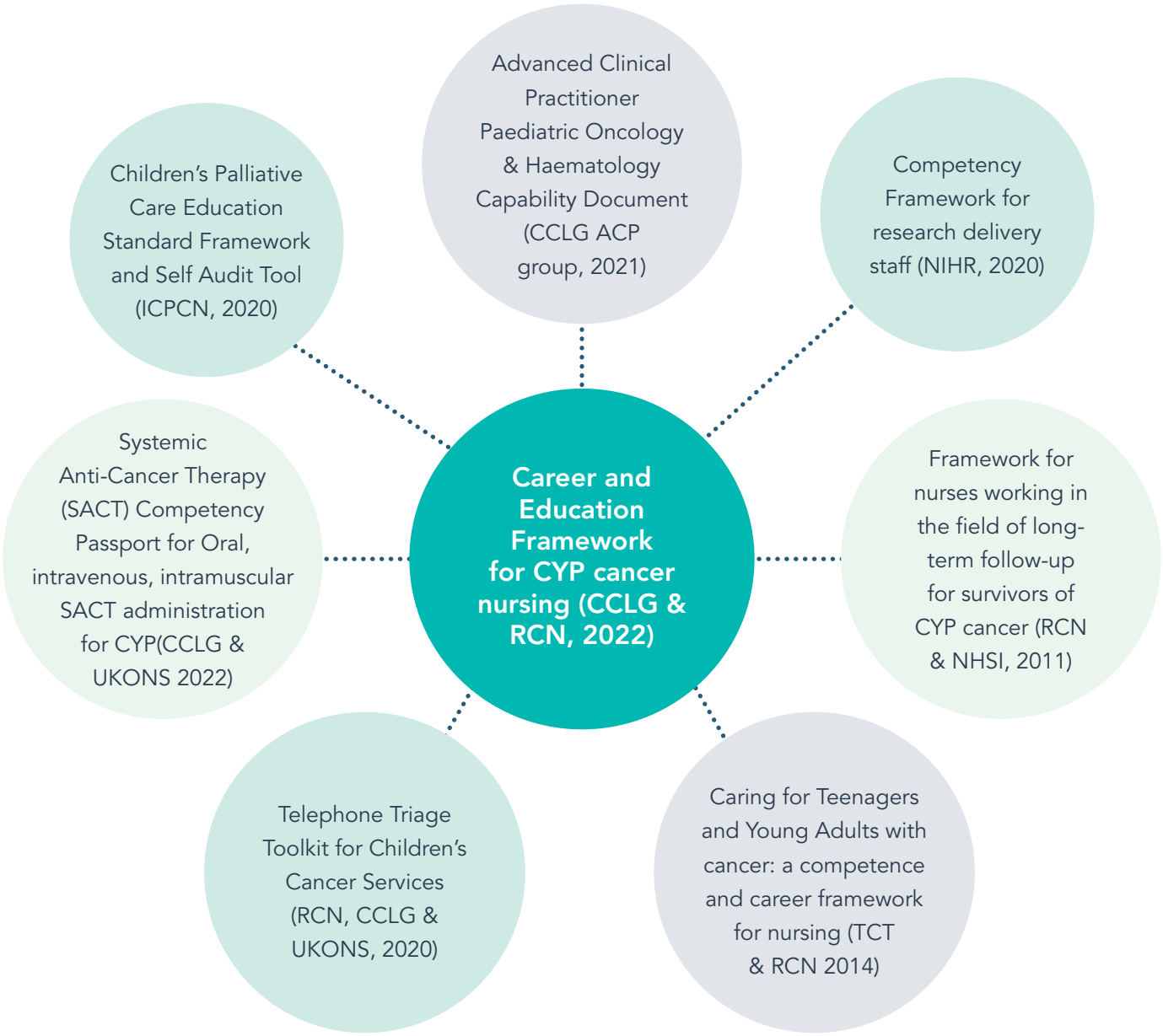
This framework represents a scheduled review of the *'RCN Competencies: An integrated career and competence framework for nurses working in the field of children and young people's cancer care'* (2013). It retains elements from the previous document, with additional material and restructuring to reflect contemporary CYP cancer nursing practice. A significant change in this version has been to align competencies to the nursing career levels now seen in CYP cancer care relating to the Skills for Health Framework (Skills for Health, 2010) and a new Health Education England (HEE) led, UK collaboration, the ACCEnD programme (Aspirant Cancer Careers and Education Development) programme (HEE, 2021a).

The framework is intended for use by nurses who provide care to children and young people (CYP) with cancer, or cancer-like disease, in paediatric services, or services that are unbound by age which may encounter CYP with cancer.

This framework dovetails with a compatible frameworks for cancer nurses in adult and TYA services, (RCN, 2022, TCT, 2014) *"Career Pathway and Education Framework for Cancer Nursing (Adult Services)"* (RCN, 2022) and "*Caring for Teenagers and Young Adults with Cancer"*(TCT & RCN 2014)

In addition, there are other frameworks, standards and training tools containing education and training guidance that may be applicable to some roles within CYP cancer, such as late effects specialist nursing, palliative and end of life care, administration of systemic anti-cancer therapy (SACT), and managing telephone triage. This suite of documents, shown in Fig 1, may be seen as being inter-related with potential overlap in some areas. The documents in Fig 1 are listed in full in *Appendix 3: Alignment and Mapping to National transferable standards.*

Fig. 1. CYP Cancer Career and Education Framework connections



2. Definitions in this document

- The term **'cancer'** is used to encompass both malignant disease and non-malignant cancer-like diseases, such as bone marrow failure disorders, managed within oncology and haematology settings.
- For the purpose of this framework the term **'nurse'** encompasses the whole nursing workforce including: unregistered support workers; pre-registration and post-registration nursing associates; pre-registration and post-registration nurses, including those on apprenticeship programmes. (Skills for Health, 2010)

3. Background to UK CYP Cancer Services

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Around 1,900 children up to 15 years of age and 2,500 teenagers and young adults, aged 15 to 24 years, are diagnosed with cancer each year in the United Kingdom (UK) (CRUK 2021a, CRUK 2021b). It is a common misconception that cancer in children and young people is rare. Walker (2021, p151) identified a child's risk of cancer as rising from;

> *"Very low (1 in 4700) in the first year of life, increasing rapidly until 5 years of age (1 in 1000), becoming a moderate risk by 15 years (1 in 450), then a substantial risk by 20 years (1 in 320)".*

The recent children, teenagers and young adults UK cancer statistics report (Public Health England (PHE), 2021) identified approximately 75,000 CYP diagnosed with cancer in a 20-year period from 1997-2016. The risks of a child or young person developing cancer is therefore similar to those for developing diabetes, epilepsy, and bacterial meningitis (Walker, 2021).

Following diagnosis, cancer is identified as a leading cause of death in children over one year of age (Office for National Statistics, 2017, CCLG, 2021a, NHSE, 2019). Despite this, cure rates, with current overall survival reported as 84%, are higher than those for adult cancers. Using PHE data this equates to around 63,000 survivors from the 20-year study period alone (Public Health England, 2021)

Public awareness of childhood cancer is low. At the time of writing, two evidence-based public awareness toolkits are available to increase knowledge and recognition of childhood cancer;

1. Headsmart [4] (The Brain Tumour Charity, 2011) for brain tumours
2. Child Cancer Smart [5] (CCLG, 2018) which is still in development, for all other CYP cancers.

Heightened awareness of cancer in the young is required across healthcare, as there are few clearly evidenced 'red flag' symptoms for childhood cancer (CCLG, 2021a). A study on 15- to 25-year-olds, by Dommett et al (2019) concluded that three visits with the same symptoms, from a set of 12 identified symptoms, within three months, raised the risk of a cancer diagnosis ten-fold.

Two-thirds of survivors of CYP cancer will face long-term consequences from the toxic therapies used to treat them, or from the cancer itself, requiring transition to late effects and long-term follow up services long into adulthood (Hawkins, Smith & Rahman, 2021).

Children's Cancer Services are delivered in a hub and spoke model with designated Paediatric Oncology Shared Care Units (POSCUs) linked to a coordinating Principal Treatment Centre (PTC). The majority of PTCs and POSCUs take 0 to 16th birthday at diagnosis, and up to around 19 years on treatment, however, there is some variation around the UK. This framework therefore refers to the service rather than specific age bands. Community nursing teams, primary care services, and hospices may also support CYP with cancer leading up to diagnosis, during treatment, for palliative and end-of-life care, and after cure for survivors.

Children and young people with cancer, and their families, will be seen in a variety of healthcare settings throughout their lives, prior to, during and after cancer diagnosis and treatment. This framework therefore advises that the whole nursing workforce, in all sectors of healthcare, have an awareness of CYP cancer.

[4] www.headsmart.org.uk/

[5] www.cclg.org.uk/ChildCancerSmart

3. Career opportunities in CYP Cancer Nursing

3. Career opportunities in CYP Cancer Nursing

There are a wide variety of opportunities for nurses choosing a career in CYP cancer, enabling individuals to maximise their knowledge, skills, and interests. The majority of CYP cancer nursing careers will be undertaken within the NHS but there are also opportunities within charities, national bodies, and other organisations. Many roles offer opportunities to take on additional responsibilities or follow particular interests, through joining specific groups or organisations, working on national projects, participating in research, education or influencing strategic developments.

Whilst some organisations offer unique roles, the below outlines common career choices:

- **Support workers** are included in the framework, and this may be an entry point into progression to a registered nursing career in CYP cancer. The RCN provides guidance on 'Career paths for nursing support workers' (Royal College of Nursing, 2022) with further guidance in 'Health Care Support Workers learning framework and the Bridge' offering guidance for Scotland (NHS Education for Scotland, 2020)
- **Core CYP cancer:** nursing within designated CYP cancer inpatient, day care and outpatient services; may include specific patient groups e.g., paediatrics, teenage and young adult units, transplant / high dependency units. Nurses may be at 'registrant', 'enhanced', 'advanced' or 'consultant' level. (See Step 1. Pg. 16 for definitions of levels of practice) (Health Education England, 2021b, p.4)
- **Clinical supra-specialisation:** Clinical Nurse Specialists (CNS) roles focus on specific areas of CYP cancer care and may be specific to disease groups or type of service. Examples include; CNS roles for leukaemia, neuro-oncology, transplant coordination, research, long-term follow up, palliative care. Nurses are at 'enhanced' level and some may have opportunities to develop further into 'advanced' or 'consultant' roles.
- **Advanced Nurse Practitioner (ANP)** (Also known as Advanced Clinical Practitioner ACP in some Trusts): As with CNS roles, ANPs may focus on specific services within CYP cancer care, such as Long-term follow-up ANP, or disease specific, such as Leukaemia ANP. Nurses will be at 'advanced' level.
- **Clinical Academic careers:** these roles include practice facilitators, nurse educators, combined lecturer / practitioners, research fellowships, clinical lectureships, post-doctoral & senior clinical lectureships. Nurses will be at 'enhanced,' 'advanced,' or 'consultant' level.
- **Management and Leadership:**
  - Team or departmental level. These management and leadership roles will usually be integrated with clinical practice; Nurses will be at 'enhanced' level or above.
  - Service or organisation level. There are opportunities to develop further in health service management and / or leadership across a group of services or Trust wide. Some may be in national NHS structures such as NHS England & Improvement or allied to the NHS. Examples, Health Education England, Managed Scotland Network for CYP Cancer, Northern Ireland Cancer Network, Welsh Cancer Alliance, or leadership roles in charities supporting cancer services.
- **Combination careers:** careers combining more than one role e.g. lecturer / practitioners (clinical and education), lead cancer nurse (clinical, education, quality, service development, strategy) or consultant nurse (often with defined caseload combining consultancy, education, research, leadership and influencing across a system). Nurses will be at 'advanced' or 'consultant' level.

4. Purpose and rationale for the framework

4. Purpose and rationale for the framework

Cancer care is complex, constantly developing, and requires CYP centred care in the context of family supported care. It places high demands on staff working in the field physically, emotionally, cognitively, technically, and educationally, and is also a rewarding field of nursing.

This framework has a broad range of scope to address complexity but **does not aim to replicate competencies that are core to all general and specialist nurses,** rather focusing on cancer specific care, or general care where there are particular considerations in the context of cancer care.

The framework sets out competences for knowledge and skills across a range of topic areas in CYP cancer care relevant to career stages. This highlights the professional development required for nurses at all levels aspiring to build or maintain a career in cancer nursing.

The following definition of competence, proposed by Case Di Leonardi and Biel (2012, p. 350) which modified an original definition used by the Canadian Association of Schools of Nursing, is used because it encompasses continuing competence;

> *"Continuing competence is the ongoing commitment of a registered nurse to integrate and apply the knowledge, skills, and judgment with the attitudes, values, and beliefs required to practice safely, effectively, and ethically in a designated role and setting."*

Using an outcomes competency model, this framework focuses on the expectations of the nurse undertaking a role, addressing a range of issues, and initiatives, including:

- Clinical Practice
- Leadership
- Education
- Research
- Standards and guidelines, so that families moving between primary, secondary, tertiary, and quaternary care experience less variation in care
- Life-long learning with appropriate supervision
- Service development specific to CYP with cancer and their families.

The competencies in the framework build on general nursing competencies to inform the additional knowledge and skills required by those specialising in the field of CYP cancer (the main users of this document). It also offers competencies for non-specialist nurses who have a transient connection with CYP cancer, such as emergency department staff, nurses on non-cancer wards or departments where CYP with cancer may occasionally be admitted for surgery or during capacity overflow management.

Each section of the competencies represents a particular subject area within CYP cancer practice. Fig 2 illustrates how subject areas one 'communication' and ten 'management and leadership' are integral to all subject areas, and subject four, 'supporting the CYP and family' continues from diagnosis onwards.

Headline subject areas within the framework

1. Communication: underpinning principles and skills across all CYP cancer care
2. CYP Cancer: Risk reduction, early detection and health promotion in cancer care as applied to CYP
3. Diagnosis & Staging: Cancer pathophysiology and the principles of treatment decision making as applied to CYP
4. Supporting CYP, family & carers through treatment and beyond cancer
5. Research and clinical trials
6. SACT: Cancer treatment, patient safety and occupational safety in relation to Systemic Anti-Cancer Therapy
7. Side Effects and Emergencies: Early & Intermediate consequences of SACT, radiotherapy & surgery
8. Supporting CYP, families & carers through palliative care and at end of life
9. Late Consequences: Awareness of the potential long-term consequences of treatment for cancer
10. Leadership and management in cancer nursing

Fig. 2 Relationship between subject areas within the framework

5. How to use the framework

5. How to use the framework

The framework is intended to guide careers through professional development. It facilitates assessment of an individual nurse's progress.

The framework can be used in two ways:

1. Self-Directed: using the knowledge and skills competencies to personally direct and record progress. This is to offer a flexible approach for nurses who may be in a location or service where access to a supervisor[6] for career and professional development is limited. (See Fig.3)

Fig 3.

Example of how a nurse may use the framework for career planning

[6] The term supervisor is used to encompass any position where a person may be offering career guidance and / or assessing competencies, for example, practice educator, mentor, preceptor, line manager.

2. Where supervisors are available, then Fig 4, illustrates how professional development can be guided by the framework competencies and assessed by a supervisor, informing work-based assessments and NMC revalidation. Nurses new to this approach may need guidance from their supervisors to maximise the outcomes the career and competency framework offers.

With your supervisor identify the competencies needed in your role at the current time. (A broad initial self-assessment will help inform this meeting)

Agree the level of achievement required and note N, AB, C, P or E (Benner's taxonomy level) in the level of achievement required column.

Agree a date for your competency review or series of dates for practical skills assessments

Self Assess your current level of practice using Benner's taxonomy level in the 'self-assessment' column.

Between your initial meeting and your review date, build your evidence in the 'evidence of achievement' column (bullet points).

Hold your review meeting or practice-based assessment with your supervisor. (May be part of an appraisal or following a new skill acquisition e.g. completing the SACT Passport)

Supervisor notes level achieved. Discuss variations between assessors view and self assessment

Complete the Work-based Record Sheet (WBRS) Action Plan for any areas where you need to further develop.

Fig 4: Example of how an organisation might intergrate use of the framework in individual development

1.0 **Communication: underpinning principles and skills across all CYP cancer care:** Provide effective communication to determine CYP, families and carers' needs, concerns and preferences, satisfaction, adherence to treatment, safety, improved outcomes and recovery. **N.B. This set of core communication competencies carry through and must be applied in all the following sections**	Practitioner Level (See Key)	Level of Achievement Required (Benner Taxonomy)	Self Assessment	Level Achieved (Assessed)			Evidence of Achievement
Learning outcomes: Practitioners will be able to:				L	Date	Sig.	
EXAMPLE 1.1 Discuss the importance of effective person-centred communication in the cancer setting		Proficient	Competent	P	28.05.22	J Doe	• Practice supervisor feedback • Case Study • Oncology Course Assignment • Taught Students

A high degree of flexibility has been included in this framework to accommodate variances in settings, variance in local resources, and compatibility with other methods of professional development and review. It has the potential to be a career-long framework for nurses working in this field, alongside other tools of assessment and career planning.

Note for students:

This framework names recommended knowledge and skills that students might achieve during a placement in a CYP cancer service. Students will have their own Practice Achievement / Assessment Document from their programme and the framework can supplement students' experience and learning. (Almalkawi, Jester & Terry, 2018). Student nurses must be appropriately supervised by their practice supervisor/assessor and guided by local policy to develop their knowledge and skills safely.

Note for Paediatric Oncology Shared Care Units (POSCU) Nurses:

Specified nurses within UK POSCUs will have a designated role for working with CYP with cancer and cancer-like diseases. This is usually defined within the job description and includes full time or part-time hours dedicated for this cohort of CYP within the POSCU service. Examples include, POSCU Lead Cancer Nurse, oncology link nurse, CYP oncology specialist nurse, Paediatric Oncology Outreach Nurse Specialist. The framework recommends that these nurses follow the competencies for 'Registered, Enhanced, Advanced or Consultant working regularly in CYP cancer' in accordance with their role. [Table 1]

For other nurses working in a designated POSCU, who do not have a specified remit for CYP with cancer and cancer-like diseases in their job description, but who may occasionally support their care, the framework recommends following the competencies for 'Registered nurses providing generalist care.' [Table 1]

Note for Children's Community Nurses (CCNs) and Hospice Nurses:

Contact with CYP with cancer around the UK varies by geography, population density and family preferences about the services they choose to access. Some CCNs and hospice nurses will have a regular caseload of CYP with cancer and cancer-like diseases and may need to develop specialist competencies. The framework recommends these nurses follow the competencies appropriate to their level of practice 'Registered, Enhanced, Advanced or Consultant' working regularly in CYP cancer' in accordance with their role. [Table 1]

For CCNs and hospice nurses who have very infrequent and sparse caseload of CYP with cancer and cancer-like diseases the framework recommends following the competencies for 'Registered nurses providing generalist care.' [Table 1]

Note for unregistered support workers

Unregistered support workers who work in CYP cancer PTC are recognised to have specialised within their practice level. They are a valued member of the cancer team, and often develop knowledge and skills about CYP cancer care that exceeds expectation. Their inclusion in this framework acknowledges that position. It is equally unreasonable to expect unregistered support workers who work in other more general setting such as emergency departments, radiology, non-cancer wards or who work in a POSCU general ward which takes CYP with cancer, to develop such specialist CYP cancer skills and knowledge. Therefore, unregistered support workers in any location other than a PTC are not included in this framework.

6.1 Step 1.
Identifying the nursing levels

6.1 Step 1.

Identifying the Nursing Level

The process begins by identifying which Level the nurse is working at (or aspiring to if new in post). There are nine levels of practice recognised by the Nursing and Midwifery Council (NMC), the Royal College of Nursing (RCN), Health Education England (HEE), and Skills for Health (2010) and NHS Education for Scotland (2020); although not all are 'registrant' levels of practice. The nine levels of practice are; level 1 cadet or pre-registration, level 2 support worker, level 3 senior healthcare assistant or technician, level 4 assistant or associate practitioner, level 5 practitioner, level 6 specialist, senior or enhanced practitioner, level 7 advanced practitioner, level 8 consultant, level 9 director. These levels inform the levels selected for this framework. (HEE, 2010, Leary, 2019, RCN, 2022,p.15, NHS Education for Scotland, 2020)

There are standards of practice relating to some of the recognised levels of practice, listed below:

- NMC (2019) Standards for pre-registration nursing programmes
- NMC (2018b) Standards of proficiency for nursing associates
- NMC (2014) Standards for competence for registered nurses
- HEE (2017) Multi-professional Framework for Advanced Clinical Practice
- RCN (2018b) Royal College of Nursing Standards for Advanced Level Nursing Practice
- NHS Education for Scotland (2020) Nursing, Midwifery and Allied Health Professionals development framework

The framework acknowledges that at the time of this publication, work is being undertaken by the RCN and HEE (including 4 country UK collaboration) to develop standards for the 'enhanced' (Leary, 2019) and 'consultant' levels of practice, and emerging developments in this area will be picked up in subsequent scheduled reviews of the framework.

Pre-requisite education, skills, and knowledge

The framework helps to establish a pathway of development from student (including nursing apprenticeship), unregistered support workers, nursing associates, and registered nurse through to higher levels of nursing.

The pre-requisite education, skills, and knowledge for each level of practice are set out by the 'standards' listed above to gain entry to nursing. Local job descriptions specify entry level for unregistered support worker roles. The framework aims to focus on competencies that are directly applicable to cancer nursing, or are generic competencies that need nuanced consideration or application in CYP cancer care. It is not the intention to replicate baseline expected standards (NMC, 2021c).

The administration of systemic anti-cancer therapy (SACT) is a specialist role that must be specifically assessed, and practitioners are recorded on a locally held Trust register and must renew assessments annually. Pre-requisite knowledge and skills for the SACT competencies within this framework, will be detailed in the CYP SACT Passport (currently in development) include signed off competencies in;

- Central and peripheral venous access devices
- Medicines management
- Medical devices
- Calculations for medicines administration

The Nurse Level Key [Table 1.0] provides a guide for levels of practice that an individual practitioner should be considering with relevance to their role.

Systemic Anti-Cancer Therapy (SACT)[7] Passport: Oral, intravenous, intramuscular SACT administration for Children and Young People 2022

Table 1.0
Nurse Level Key

The table below identifies roles/descriptors used in the framework

Generalist		**Pre-registration students** – Children's field of nursing practice (under supervision)
		Registered Nurses providing generalist care (or specialist in other non-cancer setting, e.g., Emergency Department, Paediatric Intensive Care Unit, non-cancer specific roles in POSCUs, general CYP wards where CYP with cancer occasionally admitted
Specialist		**Unregistered support workers** in specialist CYP cancer services (PTC)
		Registered Nursing Associates in specialist CYP cancer services (PTC and POSCU)
		Registered Nurse working regularly in CYP Cancer (PTC and designated cancer specialist roles in POSCUs)
		Enhanced Nurse with supra-specialist skills working regularly in CYP Cancer. E.g., CNS, HSCT, research, education, palliative care, late effects, departmental management roles (PTC and designated cancer specialist roles in POSCUs)
		Advanced Nurse Practitioner in CYP cancer (PTC or designated cancer specialist role in POSCU) meeting RCN standards for advanced level practice
		Consultant Nurse in CYP Cancer (PTC and designated cancer specialist roles in POSCUs)

6.2 Step 2.
Identifying which competencies apply to the nurse

6.2 Step 2.

Identifying which competencies apply to the nurse

Cancer care is a large and complex field with wide ranging knowledge and skills required. The framework may take many years to complete and there may be competencies that are not applicable to every nurse within a level, due to variation in how services are delivered around the UK. The framework is not intended to be used in a linear way, as career opportunities can vary, it merely acts as a guide. Nurses, ideally with their supervisor should assess their developmental needs and identify which competencies need to be attained (and then maintained), for example, the first 6 months in a role, the first year, the first two years and so on at locally agreed timepoints for review. It is not specified how often progress and competence should be reviewed as this will be determined by individuals and their supervisors to fulfil local service requirements. **Even where the framework suggests that a competency is applicable to a level, this must be locally assessed. For example, not all cancer nursing roles involve SACT administration, and it would be locally agreed to cross through the SACT administration competencies for such roles.** Assessment is expected to be an ongoing process throughout a nurse's career, to demonstrate continuing competence (Case Di Leonardi & Biel, 2012).

It must be made clear to individuals whether the framework is being used informally to guide a professional development discussion with optional competencies to be attained, or as part of a formal assessment process (which may involve identifying mandatory competencies to be attained and maintained). An example of this may be, where a nurse is learning SACT administration, some of the competencies will become mandatory, and there will be a formal assessment process as per local policy. Another example, of a formal assessment may be where mandatory competencies have been identified by the local supervisor to meet the requirements of a job description.

By formal, the working party means that the competency assessment is informing local monitoring of achievement of the knowledge and skills required to deliver an individual's job role, inform professional development planning and achievement, and support activities like appraisals and revalidation. An informal review may be a personal reflection, or a discussion with a colleague or supervisor, on possible career pathways.

To identify applicable competencies to be achieved a tick (√) should be placed next to the competency, under the relevant level practice, in the Work-Based Record Sheet (WBRS). Nurses should prepare for this discussion by reading the framework document and self-assessing what they feel applies to their current role and what their current learning and development needs are. Recording level of taxonomy is further discussed in step 4. Recording Progress: Work-Based Record Sheets.

The competencies in each section are separated for;

Learning Outcomes: This is the knowledge that nurses need. This also informs Higher Education Institutions (HEI) and course or study day leaders on theory content.

Practice Competencies: These are the practical skills that nurses need to demonstrate in their clinical settings.

6.3 Step 3.
Identifying what level of competence is needed and in what timeframe

6.3 Step 3.

Identifying what level of competence is needed and in what timeframe

This framework uses Benner's (1984, p.24) stages of clinical competence as the taxonomy for assessment of achievement, see Table 2 below. The working party acknowledges that while there are benefits from using a stated taxonomy to guide the assessment of levels of achievement, there may be variation in local interpretation and for some competences, it will be difficult to distinguish between taxonomy characteristics at higher levels of practice. **There may be instances where an assessor simply needs to establish if a nurse is competent or not, rather than dwelling on nuances of levels above the competent classification.** (Almalkawi, Jester & Terry, 2018).

The acronyms for each classification are used in the competency work-based record sheets (pg. 31).

Tabel 2.0

Benner's (1984) Novice to Expert Classification

Classification	Description of behaviours to apply to job role and responsibilities
Novice (N)	The novice or beginner has no experience in the situations in which they are expected to perform. The novice lacks confidence to demonstrate safe practice and requires continual verbal and physical cues. Practice is slow and they are unable to use discretionary judgement.
Advanced beginner (AB)	Advanced beginners demonstrate marginally acceptable performance because the nurse has had prior experience in actual situations. They are efficient and skillful in parts of the practice area, requiring occasional supportive cues. May / may not be slow in practice. Knowledge is developing. Experience is needed before the nurse can apply guidelines to individual patients. Still need support in the clinical setting.
Competent (C)	The nurse can demonstrate efficiency, is coordinated, and has confidence in his/her (their) actions. For the competent nurse, a plan establishes a perspective, and the plan is based on considerable conscious, abstract, analytic contemplation of the problem. The conscious, deliberate planning that is characteristic of this skill level helps achieve efficiency and organisation. Care is completed within a suitable timeframe without supporting cues. The competent nurse lacks the speed and flexibility of the proficient nurse but does have a feeling of mastery and the ability to cope with and manage the many contingencies in clinical nursing. In what is now an all-graduate profession, and using the framework for higher levels of nursing, it is felt that competence can be achieved for some competencies in a short timeframe, and others will take longer to master (rather than the two to three years first proposed by Benner), and this can be locally agreed and tailored to the specific competencies.
Proficient (P)	The proficient nurse perceived situations as wholes rather than in terms of chopped up parts or aspects. Proficient nurses understand a situation as a whole because they perceive its meaning in terms of long-term goals. The proficient nurse learns from experience what typical events to expect in a given situation and how plans need to be modified in response to these events. The proficient nurse can now recognise when the expected normal picture does not materialise. This holistic understanding improves the proficient nurse's decision making; it becomes less laboured because the nurse now has a perspective on which many existing attributes and aspects in the present situation are the important ones. Maxims reflect nuances of a situation.
Expert (E)	The Expert nurse no longer relies on an analytic principle (rule, guidelines, maxim) to connect their understanding of the situation to an appropriate action. They have an intuitive grasp of each situation and zeroes in on the accurate region of the problem without wasteful consideration of a large range of unfruitful, alternative diagnoses and solutions. The Expert operates from a deep understanding of the total situation. His / her (their) performance becomes fluid and flexible and highly proficient. Highly skilled analytic ability is necessary for those situations with which the nurse has had no previous experience.

Who can assess competencies?

Learning outcomes or knowledge-based competencies may be assessed in a variety of ways through completing courses, study days, eLearning, and self-directed study. This may take the form of marked assignments, marking of completed workbooks such as the SACT passport, teacher evaluation from participating in debate during study days, completing eLearning quizzes and tests, writing reflective pieces that are discussed with supervisors, reflective discussions with assessors, or writing for publication.

Competencies can be assessed using locally agreed criteria for people who can assess practice competencies, which may be based on in-house assessor courses or externally accessed courses, e.g. Anglia Ruskin University, 2021. Guidance on supervision and assessment of practice is also available via the Nursing and Midwifery Council, (NMC 2018a, NMC2018c) An assessor does not need to hold the competency themselves as long as they understand the competency statement, and any policies or procedures related to it (local, regional, or national) and have been approved by the Trust and / or service to be an assessor.

It should be noted that CYP specialist cancer practice educators, mostly based at PTCs, cannot take direct responsibility for the learning and development of nurses working outside their PTC and/or Trust. The framework offers guidance for those providing education, training, or competency assessment in other settings, such as POSCUs, Emergency Departments.

6.4 Step 4.
Recording Progress: Work-based Record Sheets (WBRS)

6.4 Step 4.

Recording Progress: Work-based Record Sheets (WBRS)

Each competency section is followed immediately by a work-based record sheet (WBRS) for that section as recommended in the RCN Competency Template (RCN, 2021a).

The WRBS are designed to support all steps in the process to record plans and progress. These can be used towards the evidence for NMC revalidation (Nursing and Midwifery Council, 2021a) and local appraisals. They lend themselves to assessment of practice at a local level and may be completed as self-assessment or more formal assessment (described in Step 2) by supervisors, in partnership with members of the wider multi-disciplinary team.

Local educators and/or managers should identify how the framework supports local practice relevant to the setting. Where nurses have access to support, including preceptorship, appraisal, or practice facilitation, the WBRS may be used to record assessment. Academic course leaders may also determine how the framework can support course development, learning outcomes, how learning could be assessed and recorded, and by whom. Where nurses do not have access to support and resources to enable competency assessment, the framework may be used to support self-directed learning and/or acquisition of skills, and NMC revalidation.

After Steps 1-3 have been completed (i.e. level of practice identified, applicable competencies identified, and Benner's taxonomy level required noted) the nurse should then self-assess what taxonomy level they feel they have achieved within the timeframe specified, using the WBRS. This process is illustrated in Fig.4. Bullet points of evidence of achievement are also noted on the WBRS, as described below in 'Evidence to demonstrate competence.' Progress should be reviewed with locally determined assessors, e.g., an educator or facilitator, who should then add their assessment of achievement.

Action plans at the bottom of each WBRS, can be used to guide future development through the taxonomies, or when a desired taxonomy level has not been met. **On each WBRS one of the competencies has been selected to show an example. Each WBRS example, in the ten topics, uses a different nursing level to illustrate how the evidence may vary. In addition, Topic 8b (Palliative & End-of-Life Care) offers an example of how the Action Plan might be completed.**

Additional work-based record sheets can be used for repeat assessments during a career trajectory and will be available as individual pdfs at **www.cclg.org.uk/professionals/cyp-cancer-framework**

Evidence to demonstrate competence

Individuals are responsible for producing evidence for each competence and ensuring it demonstrates competence at the previously agreed level(s). Supervisors should support individuals through identification of appropriate self-directed learning, study sessions and / or academic courses. In addition, adequate clinical opportunities and support should be made available.

When providing or reviewing evidence, consider the following points:

- Ensure you understand what the competence statement requires
- Consider pre-existing evidence, for example earlier competencies/assessments, which may demonstrate knowledge and skills
- Does the evidence demonstrate both knowledge and skill? e.g., attendance at a study day and supervised practice
- Use a reflective model e.g., NMC Revalidation reflective accounts (NMC, 2021b)
- Use evidence which encompasses multiple competencies e.g., a case study demonstrating the application of a range of knowledge and skills
- Are there gaps in the evidence and, if so, is there an action plan in place?

Examples of evidence

A wide variety of evidence may be provided to demonstrate attainment of knowledge and skills to fulfil competencies within the framework.

These may include:

- 360° feedback
- Assessments and appraisals
- Audits
- Case studies
- Certificates of attendance for study sessions/days
- Certification for continuing professional development (CPD)
- Critical incidents
- Evidence of completing higher education study, e.g., a University CYP cancer course
- Evidence of group work
- Evidence of membership of advisory groups
- Evidence of qualification or verification of practice
- Locally identified workbooks / e-learning
- Policy and protocol development
- Posters
- Practice developments/changes in practice
- Projects
- Publications and presentations
- Qualifications (Excellence, Achievement & Learning, 2015)
- Reflective diaries, including self-appraisal
- Research and evidence-based reviews
- SACT Passport
- Service user feedback e.g., 'thank you' cards
- Signed evidence of supervised practice
- Structured reflections e.g., NMC Revalidation 'reflective accounts' (NMC, 2021b)
- Structured witness statements

The Competencies

Section 1.
Communication

1.0 **Communication: underpinning principles and skills across all CYP cancer care:** Provide effective communication to determine CYP, families and carers' needs, concerns and preferences, satisfaction, adherence to treatment, safety, improved outcomes and recovery. **N.B. This set of core communication competencies carry through and must be applied in all the following sections**	**Pre and post-registration nurses providing generalist CYP cancer care** (e.g. A&E, PICU, Practice nurses, general wards, radiology departments)		**Unregistered Support Workers in specialist CYP cancer**	**Registrants providing specialist CYP cancer care** (PTC and designated cancer specialist roles in POSCUs)				
Learning outcomes: Practitioners will be able to:	**Pre-reg Children's Field**	**Registered Nurse**	**Health Care Assistant / support worker**	**Nursing Associate**	**Registered**	**Enhanced**	**Advanced**	**Consultant**
1.1 Discuss the importance of effective person-centred communication in the cancer setting								
1.2 Demonstrate knowledge of communication theories and how they are applied in practice, including barriers and facilitators of effective communication in CYP cancer care								
1.3 Explore the importance of multi-professional communication in CYP cancer care and how this can be enhanced								
1.4 Identify supportive strategies which will help cancer nurses to develop emotional resilience								
Practice competencies: Practitioners will be able to:	**Pre-reg Children's Field**	**Registered Nurse**	**Health Care Assistant / support worker**	**Nursing Associate**	**Registered**	**Enhanced**	**Advanced**	**Consultant**
1.5 Identify the education and information needs of CYP, families and carers, demonstrating an ability to adapt teaching skills to meet the needs of the individual and the situation								
1.6 Identify gaps in service user and staff information and education and develop materials as required								
1.7 Work within, between and across organisations where collaboration maximises the development and use of new information resources								
1.8 Select and adopt an appropriate communication approach, from a range of core communication skills, to effectively assess the information, education and supportive care needs of CYP, families and carers throughout their cancer trajectory								
1.9 Utilise patient feedback, compliments and complaints to advance service development and improvement								
1.10 Demonstrate ability to effectively undertake and document telephone conversations								
1.11 Promote digital health approaches, where appropriate, assessing CYP families and carers preferences, capability and need for additional support in line with local policies and national guidelines								
1.12 Demonstrate advanced communication skills								
1.13 Appropriately utilise communication in order to promote clear and unambiguous information exchanges with other members of the MDT and wider networks								
1.14 Assess for and address any patient-related, nurse-related or environmental challenges to effective communication, including Diversity, Equity, Inclusion and Belonging (DEIB)								

Section 1 continued ▼

1.15 Act as a role model for others for communication in cancer care, paying attention to Diversity, Equality, Inclusion and Belonging (DEIB)								
1.16 Demonstrate emotional intelligence, reflective ability and appropriate empathy								
1.17 Recognise and communicate own emotional needs and seeking help as appropriate								

1.0 **Communication: underpinning principles and skills across all CYP cancer care:** Provide effective communication to determine CYP, families and carers' needs, concerns and preferences, satisfaction, adherence to treatment, safety, improved outcomes and recovery. **N.B. This set of core communication competencies carry through and must be applied in all the following sections**	**Practitioner Level** (See Key)	**Level of Achievement Required** (Benner Taxonomy)	**Self Assessment**	**Level Achieved** (Assessed)			**Evidence of Achievement**
Learning outcomes: Practitioners will be able to:				**L**	**Date**	**Sig.**	
EXAMPLE 1.1 Discuss the importance of effective person-centred communication in the cancer setting	✓	Proficient	Competent	P	28.05.22	J Doe	• Practice supervisor feedback • Case Study • Oncology Course Assignment • Taught Students
1.1 Discuss the importance of effective person-centred communication in the cancer setting							
1.2 Demonstrate knowledge of communication theories and how they are applied in practice, including barriers and facilitators of effective communication in CYP cancer care							
1.3 Explore the importance of multi-professional communication in CYP cancer care and how this can be enhanced							
1.4 Identify supportive strategies which will help cancer nurses to develop emotional resilience							
Practice competencies: Practitioners will be able to:							
1.5 Identify the education and information needs of CYP, families and carers, demonstrating an ability to adapt teaching skills to meet the needs of the individual and the situation							
1.6 Identify gaps in service user and staff information and education and develop materials as required							
1.7 Work within, between and across organisations where collaboration maximises the development and use of new information resources							

Section 1b continued ▼

1.8	Select and adopt an appropriate communication approach, from a range of core communication skills, to effectively assess the information, education and supportive care needs of CYP, families and carers throughout their cancer trajectory												
1.9	Utilise patient feedback, compliments and complaints to advance service development and improvement												
1.10	Demonstrate ability to effectively undertake and document telephone conversations												
1.11	Promote digital health approaches, where appropriate, assessing CYP families and carers preferences, capability and need for additional support in line with local policies and national guidelines												
1.12	Demonstrate advanced communication skills												
1.13	Appropriately utilise communication in order to promote clear and unambiguous information exchanges with other members of the MDT and wider networks												
1.14	Assess for and address any patient-related, nurse-related or environmental challenges to effective communication, including Diversity, Equity, Inclusion and Belonging (DEIB)												
1.15	Act as a role model for others for communication in cancer care, paying attention to Diversity, Equality, Inclusion and Belonging (DEIB)												
1.16	Demonstrate emotional intelligence, reflective ability and appropriate empathy												
1.17	Recognise and communicate own emotional needs and seeking help as appropriate												

Section 1b continued ▼

Action plan to achieve required competency level:		
Reviewed by	Comments:	
Signature and Role:		Date:
Signature and Role:		Date:
Signature and Role:		Date:

Section 2.
CYP Cancer Health

2.0 **Risk reduction, early detection and health promotion in cancer care as applied to Children and Young People:** CYP Cancer epidemiology aids understanding of CYP cancer, discovering known risk factors and identifying what is unknown, to shape the development of CYP cancer services nationally and internationally	**Pre and post-registration nurses providing generalist CYP cancer care** (e.g. A&E, PICU, Practice nurses, general wards, radiology departments)		**Unregistered Support Workers in specialist CYP cancer**	**Registrants providing specialist CYP cancer care** (PTC and designated cancer specialist roles in POSCUs)				
Learning outcomes: Practitioners will be able to:	**Pre-reg Children's Field**	**Registered Nurse**	**Health Care Assistant / support worker**	**Nursing Associate**	**Registered**	**Enhanced**	**Advanced**	**Consultant**
2.1 Describe and understand the epidemiology of CYP cancer								
2.2 Using epidemiology to discuss how an individual's risk of cancer increases through childhood and adolescence, and the misconception that childhood cancer is rare								
2.3 Describe why there are few modifiable factors / causes for CYP cancer compared to adult cancers								
2.4 Identify the known environmental, predisposition and genetic factors for CYP cancer								
2.5 Identify the most common signs and symptoms of CYP cancer								
2.6 Identify the main types of cancer seen in children and in young people								
2.7 Evaluate the role of primary and secondary care with reference to timely diagnosis in the context of CYP cancer and the routes to referral of CYP cancer								
Practice competencies: Practitioners will be able to:	**Pre-reg Children's Field**	**Registered Nurse**	**Health Care Assistant / support worker**	**Nursing Associate**	**Registered**	**Enhanced**	**Advanced**	**Consultant**
2.8 Demonstrate ability to explain the known and unknown causes of CYP cancer to families and carers								
2.9 Provide evidence-based verbal and written information relating to lifestyle cancer risk reduction strategies which are appropriate and individualised for CYP, families and carers								
2.10 Provide evidence-based verbal and written information regarding genetic screening for specific CYP cancers with identifiable genetic risk factors which is appropriate and individualised for CYP, families and carers								
2.11 Contribute to and promote national awareness campaigns around cancer symptoms and prevention								
2.12 Encourage CYP family and carers to utilise appropriate local, national and/or international cancer organisations for further information, psychosocial, spiritual and/or financial support, with guidance on searching online confidently and safely								

2.0 **Risk reduction, early detection and health promotion in cancer care as applied to Children and Young People:** CYP Cancer epidemiology aids understanding of CYP cancer, discovering known risk factors and identifying what is unknown, to shape the development CYP cancer services nationally and internationally	**Practitioner Level** (See Key)	**Level of Achievement Required** (Benner Taxonomy)	**Self Assessment**	**Level Achieved** (Assessed)			**Evidence of Achievement**
Learning outcomes: Practitioners will be able to:				**L**	**Date**	**Sig.**	
EXAMPLE 2.5 Identify the most common signs and symptoms of CYP cancer	✓	Competent	Novice	AB	28.05.22	J Doe	• Mentor feedback • Course quiz
2.1 Describe and understand the epidemiology of CYP cancer							
2.2 Using epidemiology to discuss how an individual's risk of cancer increases through childhood and adolescence, and the misconception that childhood cancer is rare							
2.3 Describe why there are few modifiable factors / causes for CYP cancer compared to adult cancers							
2.4 Identify the known environmental, predisposition and genetic factors for CYP cancer							
2.5 Identify the most common signs and symptoms of CYP cancer							
2.6 Identify the main types of cancer seen in children and in young people							
2.7 Evaluate the role of primary and secondary care with reference to timely diagnosis in the context of CYP cancer and the routes to referral of CYP cancer							

Section 2b continued ▼

Practice competencies: Practitioners will be able to:											
2.8 Demonstrate ability to explain the known and unknown causes of CYP cancer to families and carers											
2.9 Provide evidence-based verbal and written information relating to lifestyle cancer risk reduction strategies which are appropriate and individualised for CYP, families and carers											
2.10 Provide evidence-based verbal and written information regarding genetic screening for specific CYP cancers with identifiable genetic risk factors which is appropriate and individualised for CYP, families and carers											
2.11 Contribute to and promote national awareness campaigns around cancer symptoms and prevention											
2.12 Encourage CYP family and carers to utilise appropriate local, national and / or international cancer organisations for further information, psychosocial, spiritual and / or financial support, with guidance on searching online confidently and safely											

Action plan to achieve required competency level:		
Reviewed by	Comments:	
Signature and Role:		Date:
Signature and Role:		Date:
Signature and Role:		Date:

Section 3.
Diagnosis Staging

3.0 **Cancer pathophysiology and the principles of treatment decision making as applied to Children and Young People** Understand the biological processes that contribute to the development of cancer and the rationale for the diagnostic and staging process, and local and systemic treatments.	**Pre and post-registration nurses providing generalist CYP cancer care** (e.g. A&E, PICU, Practice nurses, general wards, radiology departments)		**Unregistered Support Workers in specialist CYP cancer**	**Registrants providing specialist CYP cancer care** (PTC and designated cancer specialist roles in POSCUs)				
Learning outcomes: Practitioners will be able to:	**Pre-reg Children's Field**	**Registered Nurse**	**Health Care Assistant / support worker**	**Nursing Associate**	**Registered**	**Enhanced**	**Advanced**	**Consultant**
3.1 Describe the biological processes that lead to the development of cancer, and particularly the embryonal origins of many childhood cancers								
3.2 Describe the range of diagnostic and staging approaches used to establish a cancer diagnosis, the extent of the disease and prognosis								
3.3 Understand the nursing role in supporting CYP, families and carers during the diagnostic and staging process for cancer, particularly in the context of their holistic needs								
3.4 Discuss the different issues to be considered in order to support and facilitate CYP, families and carers decision making in the context of localised, locally advanced or metastatic disease, understanding the implications of proxy consent for minors								
Practice competencies: Practitioners will be able to:	**Pre-reg Children's Field**	**Registered Nurse**	**Health Care Assistant / support worker**	**Nursing Associate**	**Registered**	**Enhanced**	**Advanced**	**Consultant**
3.5 Provide CYP, families and carers with age appropriate evidence-based verbal and written information cancer in CYP, with a view to addressing their information and supportive care needs								
3.6 Support CYP, families and carers through the diagnosis and staging process applicable to role and setting (i.e. primary, secondary, tertiary or quaternary care)								
3.7 Undertake initial and ongoing holistic assessments (using validated tools where available) to identify CYP, families and carers information, physical, emotional, spiritual and social care needs during the diagnostic and staging process								
3.8 Undertake a comprehensive history to identify factors in addition to the cancer stage and grade which are important for optimal outcomes related to treatment decision making (e.g. performance status, comorbidities, medications, psychological, social or spiritual factors, patient's care and treatment preferences), including parental situation and influences								
3.9 Provide a supportive environment where CYP, families and carers are encouraged to share their concerns and to express their preferences regarding the decisions made about their treatment with consideration of Diversity, Equity, Inclusion and Belonging								

3.0 **Cancer pathophysiology and the principles of treatment decision making as applied to Children and Young People** Understanding the biological processes that contribute to the development of cancer and the rationale for the diagnostic and staging process, and local and systemic treatments for PABC	**Practitioner Level** (See Key)	**Level of Achievement Required** (Benner Taxonomy)	**Self Assessment**	**Level Achieved** (Assessed)			**Evidence of Achievement**
Learning outcomes: Practitioners will be able to:				**L**	**Date**	**Sig.**	
EXAMPLE 3.6 Support CYP, families and carers through the diagnosis and staging process applicable to role and setting (i.e. primary, secondary, tertiary or quaternary care).	✓	Competent	Competent	AB	28.05.22	J Doe	• Case discussion with supervisor • Observed practice by GP • Able to discuss referral pathway with family, practicalities and expectations NICE NG12 • CYP symptom chat (NG12 tools and resources)
3.1 Describe the biological processes that lead to the development of cancer, and particularly the embryonal origins of many childhood cancers							
3.2 Describe the range of diagnostic and staging approaches used to establish a cancer diagnosis, the extent of the disease and prognosis							
3.3 Understand the nursing role in supporting CYP, families and carers during the diagnostic and staging process for cancer, particularly in the context of their holistic needs							
3.4 Discuss the different issues to be considered in order to support and facilitate CYP, families and carers decision making in the context of localised, locally advanced or metastatic disease, understanding the implications of proxy consent for minors							
Practice competencies: Practitioners will be able to:							
3.5 Provide CYP, families and carers with age appropriate evidence-based verbal and written information cancer in CYP, with a view to addressing their information and supportive care needs							
3.6 Support CYP, families and carers through the diagnosis and staging process applicable to role and setting (i.e. primary, secondary, tertiary or quaternary care)							

Section 3b continued ▼

3.7	Undertake initial and ongoing holistic assessments (using validated tools where available) to identify CYP, families and carers information, physical, emotional, spiritual and social care needs during the diagnostic and staging process											
3.8	Undertake a comprehensive history to identify factors in addition to the cancer stage and grade which are important for optimal outcomes related to treatment decision making (e.g. performance status, comorbidities, medications, psychological, social or spiritual factors, patient's care and treatment preferences), including parental situation and influences											
3.9	Provide a supportive environment where CYP, families and carers are encouraged to share their concerns and to express their preferences regarding the decisions made about their treatment with consideration of Diversity, Equity, Inclusion and Belonging											

Action plan to achieve required competency level:		
Reviewed by	Comments:	
Signature and Role:		Date:
Signature and Role:		Date:
Signature and Role:		Date:

Section 4.
Support during and beyond treatment

4.0 **Supporting CYP, family and carers living with, through and beyond cancer** Provide information, care and support to CYP, families and carers following the cancer diagnosis. **N.B. This set of core support competencies carry through and must be applied in all the following sections.**	**Pre and post-registration nurses providing generalist CYP cancer care** (e.g. A&E, PICU, Practice nurses, general wards, radiology departments)		**Unregistered Support Workers in specialist CYP cancer**	**Registrants providing specialist CYP cancer care** (PTC and designated cancer specialist roles in POSCUs)				
Learning outcomes: Practitioners will be able to:	**Pre-reg Children's Field**	**Registered Nurse**	**Health Care Assistant / support worker**	**Nursing Associate**	**Registered**	**Enhanced**	**Advanced**	**Consultant**
4.1 Describe the types (modalities) of treatment used to treat CYP cancer, and the reasons for each approach								
4.2 Identify the impact of cancer on the physical, psychological, emotional, social and spiritual wellbeing of CYP, families and carers								
4.3 Demonstrate knowledge of the 4 levels of psychological assessment and support required by CYP, families and carers, and relate Level 1-4 to own role (NICE, 2004 CSG4)								
4.4 Understand the complex and changing information, educational and supportive care needs of CYP, families and carers								
4.5 Describe the lifestyle interventions or health promotion for improving quality of life								
4.6 Examine the potential impact of co-morbidities and the need for awareness of long-term consequences of cancer treatment								
4.7 Explain the range of support required and available to CYP, families and carers throughout treatment								
4.8 Discuss the needs of CYP, families and carers who are travelling to access treatment in tertiary and national specialist centres with reference to multi-centre collaboration and transfers, MDT working and documentation								
4.9 Recognise the importance of smooth transitions such as between acute healthcare settings and community care, from active treatment to survival programmes, or from paediatric to TYA or adult cancer services								
4.10 Demonstrate insight into the emotional investment involved when caring for CYP, families and carers throughout the spectrum of cancer care. Evaluate reasons why health and wellbeing of all staff is important								
4.11 Evidence appropriate non-medical prescribing qualification and competency								
Practice competencies: Practitioners will be able to:	**Pre-reg Children's Field**	**Registered Nurse**	**Health Care Assistant / support worker**	**Nursing Associate**	**Registered**	**Enhanced**	**Advanced**	**Consultant**
Assessment and Care Planning								
4.12 Undertake an holistic needs assessment encompassing CYP, families and carers needs								
4.13 Develop an individualised care plan in partnership with CYP, family and carers tailored to the phase of disease, e.g. diagnosis, during treatment, post-treatment								
4.14 Provide Level 1 Psychological assessment and support (NICE, 2004 CSG4)								

Section 4 continued ▼

4.15 Provide Level 2 Psychological assessment and support (NICE, 2004 CSG4)								
4.16 Use evidence-based interventions to assess, prevent and manage the physical, psychological, social and existential consequences of cancer with care and attention to Diversity, Equality, Inclusion and Belonging (DEIB)								
4.17 Lead and make autonomous decisions where appropriate, using generic clinical decision making and associated skills. *(See https://www.cclg.org.uk/ACP-capabilities V1.0 pp.15-16 for detailed breakdown)*								
4.18 Lead and make autonomous decisions where appropriate, in assessing the need for radiological investigations and using findings to inform management plans. (See https://www.cclg.org.uk/ACP-capabilities V1.0 pp.19-20 for detailed breakdown)								
4.19 Lead and make autonomous decisions where appropriate, in supporting CYP being prepared for general anaesthesia for procedures *(See https://www.cclg.org.uk/ACP-capabilities V1.0 p.20 for detailed breakdown)*								
Empowerment								
4.20 Provide a supportive environment in which CYP, families and carers are encouraged to ask questions and share their concerns about their disease and treatment								
4.21 Advocate for or act in the best interests of CYP, families and carers and promote involvement in decision-making about treatment and supportive care								
4.22 Consider the needs of CYP, families and carers who may not have capacity to make decisions for themselves								
Information and Education								
4.23 Provide information in a range of formats to help explain to CYP, families and carers at an age or developmentally appropriate level and pace, the necessary information to manage living with and beyond treatment								
Coordinating Care								
4.24 Know when to refer to, and involve members of the MDT to deliver holistic patient centred care (particularly involving play specialists, youth workers and social workers for living with and beyond cancer)								
4.25 Act to support effective continuity of care and seamless transitions between different healthcare services, from active treatment through to survivorship (long term follow-up) and/or palliative and EOLC								
4.26 Consider when recent and relevant HNA information needs to accompany CYP, families and carers to tertiary and national specialist centres, and back to local care providers								
4.27 Demonstrate awareness of the range of services and professionals, including statutory, voluntary and charitable organisations, available to support CYP, families and carers and refer appropriately to meet their individual needs								
Supportive Care								
4.28 Deliver supportive care to manage cancer co-morbidities and other diseases (e.g. steroid induced diabetes, avascular necrosis)								
4.29 Educate CYP, families and carers to recognise the signs and symptoms of disease progression and relapse								
4.30 Liaise with specialist cancer social care professionals and connected volunteer and charity supports, for those families who have to travel for treatment in national specialist services to ensure families are supported in remote locations								
4.31 Ensure the ward environment is quiet and darkened, whenever possible, at night and during any designated quiet periods to ensure children and resident carers get adequate rest								

4.0 **Supporting CYP, family and friends living with, through and beyond cancer:** Provide information, care and support to CYP, families and carers following the cancer diagnosis. **N.B. This set of core support competencies carry through and must be applied in all the following sections.**	**Practitioner Level** (See Key)	**Level of Achievement Required** (Benner Taxonomy)	**Self Assessment**	**Level Achieved** (Assessed)			**Evidence of Achievement**
Learning outcomes: Practitioners will be able to:				**L**	**Date**	**Sig.**	
EXAMPLE 4.2 Identify the impact of cancer on the physical, psychological, emotional, social and spiritual wellbeing of CYP, families and carers	✓	Proficient	Proficient	P	28.05.22	J Doe	• Attended lectures on impact of C, TYA cancer at CCLG education event • Module Assignment • Support teaching students • Reflection with supervisor on specific cases
4.1 Describe the types (modalities) of treatment used to treat CYP cancer, and the reasons for each approach							
4.2 Identify the impact of cancer on the physical, psychological, emotional, social and spiritual wellbeing of CYP, families and carers							
4.3 Demonstrate knowledge of the 4 levels of psychological assessment and support required by CYP, families and carers, and relate Level 1-4 to own role (NICE, 2004 CSG4)							
4.4 Understand the complex and changing information, educational and supportive care needs of CYP, families and carers							
4.5 Describe the lifestyle interventions or health promotion for improving quality of life							
4.6 Examine the potential impact of co-morbidities and the need for awareness of long-term consequences of cancer treatment							
4.7 Explain the range of support required and available to CYP, families and carers throughout treatment							

Section 4b continued ▼

4.8	Discuss the needs of CYP, families and carers who are travelling to access treatment in tertiary and national specialist centres with reference to multi-centre collaboration and transfers, MDT working and documentation													
4.9	Recognise the importance of smooth transitions such as between acute healthcare settings and community care, from active treatment to survival programmes, or from paediatric to TYA or adult cancer services													
4.10	Demonstrate insight into the emotional investment involved when caring for CYP, families and carers throughout the spectrum of cancer care. Evaluate reasons why health and wellbeing of all staff is important													
4.11	Evidence appropriate non-medical prescribing qualification and competency													
Practice competencies: Practitioners will be able to:														
Assessment and Care Planning														
4.12	Undertake an holistic needs assessment encompassing CYP, families and carers needs													
4.13	Develop an individualised care plan in partnership with CYP, family and carers tailored to the phase of disease, e.g. diagnosis, during treatment, post-treatment													
4.14	Provide Level 1 Psychological assessment and support (NICE, 2004 CSG4)													
4.15	Provide Level 2 Psychological assessment and support (NICE, 2004 CSG4)													
4.16	Use evidence-based interventions to assess, prevent and manage the physical, psychological, social and existential consequences of cancer with care and attention to Diversity, Equality, Inclusion and Belonging (DEIB)													
4.17	Lead and make autonomous decisions where appropriate, using generic clinical decision making and associated skills. (See https://www.cclg.org.uk/ACP-capabilities V1.0 pp.15-16 for detailed breakdown)													

Section 4b continued ▼

4.18	Lead and make autonomous decisions where appropriate, in assessing the need for radiological investigations and using findings to inform management plans. (See https://www.cclg.org.uk/ACP-capabilities V1.0 pp.19-20 for detailed breakdown)												
4.19	Lead and make autonomous decisions where appropriate, in supporting CYP being prepared for general anaesthesia for procedures(See https://www.cclg.org.uk/ACP-capabilities V1.0 p.20 for detailed breakdown)												
Empowerment													
4.20	Provide a supportive environment in which CYP, families and carers are encouraged to ask questions and share their concerns about their disease and treatment												
4.21	Advocate for or act in the best interests of CYP, families and carers and promote involvement in decision-making about treatment and supportive care												
4.22	Consider the needs of CYP, families and carers who may not have capacity to make decisions for themselves												
Information and Education													
4.23	Provide information in a range of formats to help explain to CYP, families and carers at an age or developmentally appropriate level and pace, the necessary information to manage living with and beyond treatment												
Coordinating Care													
4.24	Know when to refer to, and involve members of the MDT to deliver holistic patient centred care (particularly involving play specialists, youth workers and social workers for living with and beyond cancer)												
4.25	Act to support effective continuity of care and seamless transitions between different healthcare services, from active treatment through to survivorship (long term follow-up) and/or palliative and EOLC												
4.26	Consider when recent and relevant HNA information needs to accompany CYP, families and carers to tertiary and national specialist centres, and back to local care providers												

Section 4b continued ▼

4.27 Demonstrate awareness of the range of services and professionals, including statutory, voluntary and charitable organisations, available to support CYP, families and carers and refer appropriately to meet their individual needs												
Supportive Care												
4.28 Deliver supportive care to manage cancer co-morbidities and other diseases (e.g. steroid induced diabetes, avascular necrosis)												
4.29 Educate CYP, families and carers to recognise the signs and symptoms of disease progression and relapse												
4.30 Liaise with specialist cancer social care professionals and connected volunteer and charity supports, for those families who have to travel for treatment in national specialist services to ensure families are supported in remote locations												
4.31 Ensure the ward environment is quiet and darkened, whenever possible, at night and during any designated quiet periods to ensure children and resident carers get adequate rest												
Action plan to achieve required competency level:												

Reviewed by	Comments:	
Signature and Role:		Date:
Signature and Role:		Date:
Signature and Role:		Date:

Section 5.
Research and Clincal Trials

5.0 **Research and clinical trials:** Develop an understanding of the research process and different methodologies to facilitate research and clincal trials for cancer treatments, whilst broadening your level of knowledge and skills in contributing to research within the MDT	**Pre and post-registration nurses providing generalist CYP cancer care** (e.g. A&E, PICU, Practice nurses, general wards, radiology departments)		**Unregistered Support Workers in specialist CYP cancer**	**Registrants providing specialist CYP cancer care** (PTC and designated cancer specialist roles in POSCUs)				
Learning outcomes: Practitioners will be able to:	**Pre-reg Children's Field**	**Registered Nurse**	**Health Care Assistant / support worker**	**Nursing Associate**	**Registered**	**Enhanced**	**Advanced**	**Consultant**
5.1 Demonstrates an awareness that clinical trials and research are undertaken within this field and understand own role in relation to practice								
5.2 Describe the principles of cancer clinical trials and research and discuss the role of the nurse in this context								
5.3 Can identify and distinguish between clinical trials, biological research and observational research within cancer treatment								
5.4 Understand the principles of consent to research, including proxy consent and assent as they apply to CYP and vulnerable adults								
5.5 Explain the differences between a treatment guideline and a clinical trial protocol, demonstrating awareness as to why a patient not on trial may be treated against the standard arm of a trial protocol								
5.6 Demonstrates an understanding of factors that may affect accessibility and willingness for patients and carers to participate in research								
5.7 Can discuss an overview of how a clinical trial or research is approved, organised and implemented locally								
Practice competencies: Practitioners will be able to:	**Pre-reg Children's Field**	**Registered Nurse**	**Health Care Assistant / support worker**	**Nursing Associate**	**Registered**	**Enhanced**	**Advanced**	**Consultant**
5.8 Identify members of the local and/or PTC research team and has an understanding of the roles and responsibilities of these team members and can therefore signpost staff and families appropriately								
5.9 Demonstrate an awareness of the research available and upcoming within your clinical environment and why this might vary nationally								
5.10 Locate information about specific clinical trials and demonstrate an awareness of the importance of version control for these documents								
5.11 Understand and participate in the correct level of 'Good Clinical Practice' (GCP) training specific to role								
5.12 Demonstrate an understanding of the strict regulations that research must adhere to and ensures own practice reflects this								
5.13 Identify which patients, in the clinical area, are taking part in research								
5.14 Correctly identify whether a protocol relates to a clinical trial, a standardised guideline, a local guideline, or individualised protocol adhering to GCP principles prior to SACT administration (Note SACT competencies section 6)								

Section 5 continued ▼

5.15 Provide safe and effective care to patients participating in clinical trials in accordance with clinical trial protocols to ensure optimal outcomes and experiences for patients and their carers								
5.16 Understand which patient events are significant for the research team to be informed about and ensure these events are meticulously documented								
5.17 Apply the same high standards of observation and record keeping for CYP following standard or individualised guidelines, as for those taking part in clinical trials								

5.0 **Research and clinical trials:** Develop an understanding of the research process and different methodologies to facilitate research and clinical trials for cancer treatments, whilst broadening your level of knowledge and skills in contributing to research within the MDT	**Practitioner Level** (See Key)	**Level of Achievement Required** (Benner Taxonomy)	**Self Assessment**	**Level Achieved** (Assessed)			**Evidence of Achievement**
Learning outcomes: Practitioners will be able to:				**L**	**Date**		
EXAMPLE 5.8 Identify members of the local and/or PTC research team and has an understanding of the roles and responsibilities of these team members and can therefore signpost staff and families appropriately	✓	Competent	Advanced Beginner	C	28.05.22	J Doe	• Case discussion with supervisor - family shared worry and lack of understanding • Reord of discussion with family in Case Notes • Contacted Research Nurse and let Nurse caring for pt. know.
5.1 Demonstrates an awareness that clinical trials and research are undertaken within this field and understand own role in relation to practice							
5.2 Describe the principles of cancer clinical trials and research and discuss the role of the nurse in this context							
5.3 Can identify and distinguish between clinical trials, biological research and observational research within cancer treatment							
5.4 Understand the principles of consent to research, including proxy consent and assent as they apply to CYP and vulnerable adults							
5.5 Explain the differences between a treatment guideline and a clinical trial protocol, demonstrating awareness as to why a patient not on trial may be treated against the standard arm of a trial protocol							
5.6 Demonstrates an understanding of factors that may affect accessibility and willingness for patients and carers to participate in research							
5.7 Can discuss an overview of how a clinical trial or research is approved, organised and implemented locally							

Section 5b continued ▼

Practice competencies: Practitioners will be able to:													
5.8 Identify members of the local and/or PTC research team and has an understanding of the roles and responsibilities of these team members and can therefore signpost staff and families appropriately													
5.9 Demonstrate an awareness of the research available and upcoming within your clinical environment and why this might vary nationally													
5.10 Locate information about specific clinical trials and demonstrate an awareness of the importance of version control for these documents													
5.11 Understand and participate in the correct level of 'Good Clinical Practice' (GCP) training specific to role													
5.12 Demonstrate an understanding of the strict regulations that research must adhere to and ensures own practice reflects this													
5.13 Identify which patients, in the clinical area, are taking part in research													
5.14 Correctly identify whether a protocol relates to a clinical trial, a standardised guideline, a local guideline, or individualised protocol adhering to GCP principles prior to SACT administration (Note SACT competencies section 6)													
5.15 Provide safe and effective care to patients participating in clinical trials in accordance with clinical trial protocols to ensure optimal outcomes and experiences for patients and their carers													
5.16 Understand which patient events are significant for the research team to be informed about and ensure these events are meticulously documented													
5.17 Apply the same high standards of observation and record keeping for CYP following standard or individualised guidelines, as for those taking part in clinical trials													

Section 5b continued ▼

Action plan to achieve required competency level:		
Reviewed by	Comments:	
Signature and Role:		Date:
Signature and Role:		Date:
Signature and Role:		Date:

Section 6.
Systemic Anti-Cancer Therapies (SACT)

6.0 **Cancer treatment, patient and occupational safety in relation to SACT** Understanding the safe delivery and management of SACT to treat CYP cancer, with appropriate assessment and care during treatment. Providing relevant and timely information to enable CYP, families and carers to engage in clinical decision-making about their treatment and care. **N.B. These competencies facilitate SACT sign-off and are intended to work alongside the SACT Passport**	**Pre and post-registration nurses providing generalist CYP cancer care** (e.g. A&E, PICU, Practice nurses, general wards, radiology departments)		**Unregistered Support Workers in specialist CYP cancer**	**Registrants providing specialist CYP cancer care** (PTC and designated cancer specialist roles in POSCUs)				
Learning outcomes: Practitioners will be able to:	**Pre-reg Children's Field**	**Registered Nurse**	**Health Care Assistant / support worker**	**Nursing Associate**	**Registered**	**Enhanced**	**Advanced**	**Consultant**
6.1 Describe the difference between local and systemic cancer treatments and demonstrate understanding of the different treatment modalities								
6.2 Identify SACT agents used for CYP treatments and routes of administration								
6.3 Identify differences between biological agents and SACT agents								
6.4 Understand that SACT can only be prescribed by registered prescribers and administered by staff trained to administer. Can identify how to find this information								
6.5 Identify drug compatibilities when giving multi drug schedules in relation to adjuvant therapy e.g. fluids and supportive therapies								
6.6 Display knowledge and understanding of the correct personal protective equipment (PPE) required to maintain own safety whilst handling SACT or waste products								
6.7 Understand and explain the procedure for dealing with contaminated skin / eyes								
6.8 Discuss the role of Occupational Health in relation to SACT (PPE, contamination and guidance for pregnant staff)								
6.9 Describe and demonstrate how SACT is delivered safely and effectively including own responsibilities in the administration of SACT according to role								
6.10 Explain the range of support required and available to CYP, families and carers throughout treatment								
6.11 Evidence that all knowledge sections of the UKONS / CCLG SACT Passport (relevant to role) have been successfully completed								
Practice competencies: Practitioners will be able to:	**Pre-reg Children's Field**	**Registered Nurse**	**Health Care Assistant / support worker**	**Nursing Associate**	**Registered**	**Enhanced**	**Advanced**	**Consultant**
CYP, families and carers Information, Education and Support (See also section 4.)								
6.12 Provide information in a range of formats and explain to CYP, families and carers at an age, developmentally appropriate level and pace, the range of SACT available to facilitate involvement in clinical decision-making about their treatment, care and management								

Section 6 continued ▼

6.13 Ensure CYP (when age appropriate), family and carers have written information which should include; • Individualised treatment plan / regime • Chemotherapy / SACT Alert Card • Chemo diary or patient held journal (if used locally) • Advice line number (in and out-of-hours) • Next appointment with healthcare professional								
6.14 Provide a supportive environment in which CYP, families and carers are encouraged to ask questions and share their concerns about their disease and treatment								
6.15 Advocate or act in best interests to promote CYP, families and carers involvement in decision-making about SACT								
6.16 Give clear explanations to CYP, families and carers about the SACT being administered								
6.17 Identify the appropriate support required and demonstrate awareness of where to find the support to reduce anxiety, increase understanding and encourage concordance								
6.18 Give clear explanations to CYP, families and carers about the precautions to take when handling excreta or items contaminated by excreta in hospital and at home								
Prescriptions and Protocols								
6.19 Complete pre-administration preparation; review treatment order, availability of prescribed and dispensed SACT agents, availability of equipment required, locate protocol and prescription								
6.20 Assist locating equipment to be used and routine decontamination								
6.21 Verify any relevant pre SACT investigations have been completed before treatment commences, check SACT prescription against protocol								
6.22 Identify any pre-medications or pre-hydration and ensure it has been administered								
6.23 Identify need and patient preferences for topical anaesthetics / ice / buzzy devices to manage pain prior to SACT via subcutaneous, intramuscular or cannulation routes, including in preparation health play specialists when required								
6.24 Locate information about SACT products, side effects and contra-indications								
6.25 Able to interpret clinical tests and is aware of normal blood parameters and required levels for treatment								
6.26 Ensure that all medicines have been stored correctly (all nurses in storage and supply chain) , and the product integrity is intact before administration (SACT administrators only).								
6.27 Lead and make autonomous clinical decisions where appropriate in the assessment, prescribing, management and monitoring of SACT (See https://www.cclg.org.uk/ACP-capabilities V1.0 pp. 17-18 for detailed breakdown)								
6.28 Lead and make autonomous decisions where appropriate, in supporting SACT for CYP undergoing Haematopoietic Stem Cell Transplant (HSCT) (See https://www.cclg.org.uk/ACP-capabilities V1.0 pp.20-23 for detailed breakdown)								

Section 6 continued ▼

Administration of SACT (Applicable to level of involvement by role)								
6.29 Correctly identify the patient and review their understanding, perceptions, previous experiences, and toxicity history								
6.30 Deliver high standard of hand-hygiene and Aseptic Non-Touch Technique (ANTT) as per local policy; remaining mindful of vulnerable immunocompromised patient group								
6.31 Ensure patients ability to take oral medications correctly, offering guidance and helpful techniques to patient, family and carers								
6.32 Ensure patent venous access for intravenous SACT administration routes								
6.33 Administer SACT following drug administration policies, medicines management policies and administration guidance in the protocol								
6.34 Sets infusion rates, pressures and other relevant parameters as per prescription, necessary calculations, and equipment guidelines								
Personal Protective Equipment and Safe Handling								
6.35 Recognise the hazards associated with SACT and take preventative actions to minimise these to comply with local and national safety regulations, COSHH regulations, legislation and guidelines for storage, transportation, safe handling, spillage and disposal								
6.36 Handle SACT and / or associated equipment safely and reduce the potential for spillage								
6.37 Check patency of access during bolus or infusion SACT intermittently (local policy) and intervene appropriately if complications or reaction become evident								
Waste and spillage								
6.38 Dispose of excreta according to local policy								
6.39 Explain and execute the action to be taken in the event of a spillage, including the equipment required and identify their location								
6.40 Explain and execute the procedure for dealing with contaminated linen and equipment								
6.41 Ensure appropriate safety equipment is accessible: cytotoxic extravasation kit, spillage kit, sharps and waste disposal containers								
Professional Responsibilities								
6.42 Know when to refer to and involve other healthcare providers and recognise situations where more senior support is needed								
6.43 Document episode of care with accurate, complete and transparent record keeping conforming with NMC and local guidelines for record keeping								
6.44 Provide information and support to, and act as a role model for colleagues to ensure safe practice in the treatment settings								
6.45 Utilise appropriate policies associated with SACT								
6.46 Ensure appropriate methods of communication are utilised to communicate necessary information from SACT care episode to MDT and other relevant healthcare professionals								

Section 6 continued ▼

6.47 Ensure patient is aware when the therapeutic interaction is complete and has adequate follow-up arrangements and discharge medications if required								
6.48 Evidence that 5 practical assessments have been completed in line with UKONS / CCLG SACT Passport								

6.0 **Cancer treatment, patient and occupational safety in relation to SACT:** Understanding the safe delivery and management of SACT to treat CYP cancer, with appropriate assessment and care during treatment. Providing relevant and timely information to enable CYP, families and carers to engage in clinical decision-making about their treatment and care. **N.B. These competencies facilitate SACT sign-off and are intended to work alongside the SACT Passport**	**Practitioner Level** (See Key)	**Level of Achievement Required** (Benner Taxonomy)	**Self Assessment**	**Level Achieved** (Assessed)			**Evidence of Achievement**
Learning outcomes: Practitioners will be able to:				**L**	**Date**	**Sig.**	
EXAMPLE 6.4 Understand that SACT can only be prescribed by registered prescribers and administered by staff trained to administer. Can identify how to find this information.	✓	Competent	Competent	P	28.05.22	J Doe	• Discussed own role in POSCU with supervisor. • Aware that only the chemo trained staff can administer SACT • Can locate policies relating to SACT for handling excreted waste, as per 6.25-6.29
6.1 Describe the difference between local and systemic cancer treatments and demonstrate understanding of the different treatment modalitiese							
6.2 Identify SACT agents used for CYP treatments and routes of administration							
6.3 Identify differences between biological agents and SACT agents							
6.4 Understand that SACT can only be prescribed by registered prescribers and administered by staff trained to administer. Can identify how to find this information							
6.5 Identify drug compatibilities when giving multi drug schedules in relation to adjuvant therapy e.g. fluids and supportive therapies							
6.6 Display knowledge and understanding of the correct personal protective equipment (PPE) required to maintain own safety whilst handling SACT or waste products							
6.7 Understand and explain the procedure for dealing with contaminated skin / eyes							

Section 6b continued ▼

6.8 Discuss the role of Occupational Health in relation to SACT (PPE, contamination and guidance for pregnant staff)													
6.9 Describe and demonstrate how SACT is delivered safely and effectively including own responsibilities in the administration of SACT according to role													
6.10 Explain the range of support required and available to CYP, families and carers throughout treatment													
6.11 Evidence that all knowledge sections of the UKONS / CCLG SACT Passport (relevant to role) have been successfully completed													
Practice competencies: Practitioners will be able to:													
CYP, families and carers Information, Education and Support (See also section 4.)													
6.12 Provide information in a range of formats and explain to CYP, families and carers at an age, developmentally appropriate level and pace, the range of SACT available to facilitate involvement in clinical decision-making about their treatment, care and management													
6.13 Ensure CYP (when age appropriate), family and carers have written information which should include; • Individualised treatment plan / regime • Chemotherapy / SACT Alert Card • Chemo diary or patient held journal (if used locally) • Advice line number (in and out-of-hours) • Next appointment with healthcare professional													
6.14 Provide a supportive environment in which CYP, families and carers are encouraged to ask questions and share their concerns about their disease and treatment													
6.15 Advocate or act in best interests to promote CYP, families and carers involvement in decision-making about SACT													
6.16 Give clear explanations to CYP, families and carers about the SACT being administered													

Section 6b continued ▼

6.17	Apply the same high standards of observation and record keeping for CYP following standard or individualised guidelines, as for those taking part in clinical trials												
6.18	Give clear explanations to CYP, families and carers about the precautions to take when handling excreta or items contaminated by excreta in hospital and at home												
Prescription and Protocols													
6.19	Complete pre-administration preparation; review treatment order, availability of prescribed and dispensed SACT agents, availability of equipment required, locate protocol and prescription												
6.20	Assist locating equipment to be used and routine decontamination												
6.21	Verify any relevant pre SACT investigations have been completed before treatment commences, check SACT prescription against protocol												
6.22	Identify any pre-medications or pre-hydration and ensure it has been administered												
6.23	Identify need and patient preferences for topical anaesthetics / ice / buzzy devices to manage pain prior to SACT via subcutaneous, intramuscular or cannulation routes, including in preparation health play specialists when required												
6.24	Locate information about SACT products, side effects and contra-indications												
6.25	Able to interpret clinical tests and is aware of normal blood parameters and required levels for treatment												
6.26	Ensure that all medicines have been stored correctly (all nurses in storage and supply chain) , and the product integrity is intact before administration (SACT administrators only												

Section 6b continued ▼

6.27	Lead and make autonomous clinical decisions where appropriate in the assessment, prescribing, management and monitoring of SACT (See https://www.cclg.org.uk/ACP-capabilities V1.0 pp. 17-18 for detailed breakdown)												
6.28	Lead and make autonomous decisions where appropriate, in supporting SACT for CYP undergoing Haematopoietic Stem Cell Transplant (HSCT) (See https://www.cclg.org.uk/ACP-capabilities V1.0 pp.20-23 for detailed breakdown)												
Administration of SACT													
6.29	Correctly identify the patient and review their understanding, perceptions, previous experiences, and toxicity history												
6.30	Deliver high standard of hand-hygiene and Aseptic Non-Touch Technique (ANTT) as per local policy; remaining mindful of vulnerable immunocompromised patient group												
6.31	Ensure patients ability to take oral medications correctly, offering guidance and helpful techniques to patient, family and carers												
6.32	Ensure patent venous access for intravenous SACT administration routes												
6.33	Administer SACT following drug administration policies, medicines management policies and administration guidance in the protocol												
6.34	Sets infusion rates, pressures and other relevant parameters as per prescription, necessary calculations, and equipment guidelines												
Personal Protective Equipment and Safe Handling													
6.35	Recognise the hazards associated with SACT and take preventative actions to minimise these to comply with local and national safety regulations, COSHH regulations, legislation and guidelines for storage, transportation, safe handling, spillage and disposal												
6.36	Handle SACT and / or associated equipment safely and reduce the potential for spillage												

Section 6b continued ▼

6.37 Check patency of access during bolus or infusion SACT intermittently (local policy) and intervene appropriately if complications or reaction become evident												
Waste and spillage												
6.38 Dispose of excreta according to local policy												
6.39 Explain and execute the action to be taken in the event of a spillage, including the equipment required and identify their location												
6.40 Explain and execute the procedure for dealing with contaminated linen and equipment												
6.41 Ensure appropriate safety equipment is accessible: cytotoxic extravasation kit, spillage kit, sharps and waste disposal containers												
Professional responsibilities												
6.42 Know when to refer to and involve other healthcare providers and recognise situations where more senior support is needed												
6.43 Document episode of care with accurate, complete and transparent record keeping conforming with NMC and local guidelines for record keeping												
6.44 Provide information and support to, and act as a role model for colleagues to ensure safe practice in the treatment settings												
6.45 Utilise appropriate policies associated with SACT												

Section 6b continued ▼

6.46	Ensure appropriate methods of communication are utilised to communicate necessary information from SACT care episode to MDT and other relevant healthcare professionals											
6.47	Ensure patient is aware when the therapeutic interaction is complete and has adequate follow-up arrangements and discharge medications if required											
6.48	Evidence that 5 practical assessments have been completed in line with UKONS / CCLG SACT Passport											

Action plan to achieve required competency level:		
Reviewed by	Comments:	
Signature and Role:		Date:
Signature and Role:		Date:
Signature and Role:		Date:

Section 7.
Acute side effects and oncological emergencies

7.0 **Early and Intermediate consequences of SACT, radiotherapy and surgery** Understands the consequences of therapies, techniques and modalities used to treat CYP cancer and the appropriate assessment and management of treatment-related adverse effects. Provide relevant and timely information to enable CYP, families and carers to engage in clinical decision-making about their treatment and care	**Pre and post-registration nurses providing generalist CYP cancer care** (e.g. A&E, PICU, Practice nurses, general wards, radiology departments)		**Unregistered Support Workers in specialist CYP cancer**	**Registrants providing specialist CYP cancer care** (PTC and designated cancer specialist roles in POSCUs)				
Learning outcomes: Practitioners will be able to:	**Pre-reg Children's Field**	**Registered Nurse**	**Health Care Assistant / support worker**	**Nursing Associate**	**Registered**	**Enhanced**	**Advanced**	**Consultant**
7.1 Identify the most common side effects of SACT, radiotherapy and cancer surgery.								
7.2 Explain treatment-related emergencies (including the potential for adverse reactions) and the signs and symptoms								
7.3 Discuss the management of side effects, including neutropenic sepsis, and the impact on CYP, families and carers								
7.4 Identify the evidence to reduce the risk of the acute toxicities of cancer treatments and discuss agents to minimise side effects e.g. antibiotics, antipyretics, analgesics, anti-emetics)								
7.5 Explain the role of supportive care and symptom management during cancer treatment.								
7.6 Understand the emotional and behavioural impact of steroids on children and young people within the whole family dynamic								
7.7 Understand that CYP, families and carers education about signs, symptoms and oncological emergencies must be developed over time, and can discuss how to achieve this.								
Practice competencies: Practitioners will be able to:	**Pre-reg Children's Field**	**Registered Nurse**	**Health Care Assistant / support worker**	**Nursing Associate**	**Registered**	**Enhanced**	**Advanced**	**Consultant**
Across all modalities of treatment (N.B additional modalities specfic competencies in sections below)								
7.8 Identify patients at increased risk of adverse reactions								
7.9 Identify acute side effects and toxicities of cancer treatments: SACT, radiotherapy, and surgery								
7.10 Use evidence-based interventions to assess, prevent, recognise and assist in the management of emergencies caused by cancer treatment knowing when to refer to, and involve, other healthcare professionals								
7.11 Effectively utilise techniques and tools commonly used to identify deterioration (e.g. PEWS or SPOT, Neuro-Observations)								
7.12 Complete Telephone Triage using the defined helpline (specific competencies detailed in https://www.cclg.org.uk/triagetool)								
7.13 Locate appropriate policies, treatments and equipment to be used for supportive and emergency care								
7.14 Identify sources of information, provide and use appropriate educational material for CYP, families and carers on how to monitor and report signs of side effects and toxicities of cancer treatments.								

Section 7 continued ▼

7.15 Relate clinical information (regarding side effects) in a way that is appropriate to the CYP, family and carers' understanding								
7.16 Educate CYP, families and carers on the practical skills required for effective treatment and interventions (e.g. use of thermometers, administration of medicines)								
7.17 Demonstrate ability to safely assess CYP, families and carers readiness for discharge and their understanding of side effects, emergencies, when and how to act (specific to their recent treatment modalities). Specifically includes CYP understanding why they should alert a responsible adult if they have symptoms.								
7.18 Show knowledge of blood values and their relevance in the management of side effects								
7.19 Contribute to the development of policies or guidelines to manage side effects, toxicities and oncological emergencies								
7.20 Maintain accurate and contemporaneous records of assessment and management of side effects, toxicities, and emergencies								
Extravasation, hypersensitivity and allergic reactions								
7.21 Recognise signs and symptoms of extravasation, hypersensitivity or allergic reaction								
7.22 Appropriately manage extravasation and infiltration, hypersensitivity or other adverse reaction as per local guidelines								
Radiotherapy specific								
7.23 Support CYP, Families and carers through the radiotherapy discussion and consent process delivered by the clinical oncologist (radiotherapy consultant)								
7.24 Provide radiotherapy information resource materials for CYP, families and carers about radiotherapy including side effects and actions to take								
7.25 Lead and make autonomous clinical decisions where appropriate in the preparation for and assessment following radiotherapy (See https://www.cclg.org.uk/ACP-capabilities V1.0 pp.18-19 for detailed breakdown)								
Surgery specific								
7.26 Demonstrate safe post-operative care following common oncological procedures such as line insertions and removals, biopsies, lumbar puncture and bone marrow biopsy								
7.27 Adjust CYP, families and carers education and discharge planning for post surgery monitoring and reporting, appropriate to recent treatment.								
Immunotherapy and targeted therapies specific								
7.28 Adjust CYP, families and carers education and discharge planning for post immunotherapy or targeted treatment monitoring and reporting, appropriate to recent treatment								
Blood Product Specific								
7.29 Deliver treatment plans for CYP requiring blood product support, following local policy, and adjust CYP, families and carers education pre, during and post treatment pertinent to blood products								
7.39 Lead and make autonomous clinical decisions where appropriate in the assessment, treatment planning prescribing, managing and monitoring of non-medical authorised blood products. (See https://www.cclg.org.uk/ACP-capabilities V1.0 pp.30-31 for detailed breakdown)								

7.0 **Early and Intermediate consequences of SACT, radiotherapy and surgery** Understands the consequences of therapies, techniques and modalities used to treat CYP cancer and the appropriate assessment and management of treatment-related adverse effects. Provide relevant and timely information to enable CYP, families and carers to engage in clinical decision-making about their treatment and care	**Practitioner Level** (See Key)	**Level of Achievement Required** (Benner Taxonomy)	**Self Assessment**	**Level Achieved** (Assessed)			**Evidence of Achievement**
Learning outcomes: Practitioners will be able to:				**L**	**Date**	**Sig.**	
EXAMPLE 7.19 Contribute to the development of policies or guidelines to manage side effects, toxicities and oncological emergencies	✓	Proficient	Proficient	E	28.05.22	J Doe	• Identified gap in regional network policies for pregnant staff and safe handling • Lit review, discussion with specialist onc pharmacist, gathered evidence from other regions. • Led policy review and updates, engaging staff across network • Took new policy through Trust guideline review board and network policies approval with regional Trusts • Policy implemented and embedded across region with linked education session for staff.
7.1 Identify the most common side effects of SACT, radiotherapy and cancer surgery							
7.2 Explain treatment-related emergencies (including the potential for adverse reactions) and the signs and symptoms							
7.3 Discuss the management of side effects, including neutropenic sepsis, and the impact on CYP, families and carers							
7.4 Identify the evidence to reduce the risk of the acute toxicities of cancer treatments and discuss agents to minimise side effects e.g. antibiotics, antipyretics, analgesics, anti-emetics)							
7.5 Explain the role of supportive care and symptom management during cancer treatment.							

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7.6 Understand the emotional and behavioural impact of steroids on children and young people within the whole family dynamic													
7.7 Understand that CYP, families and carers education about signs, symptoms and oncological emergencies must be developed over time, and can discuss how to achieve this.													
Practice Competencies: Practitioners will be able to:													
Across all modalities of treatment (N.B additional modalities specfic competencies in sections below)													
7.8 Identify patients at increased risk of adverse reactions													
7.9 Identify acute side effects and toxicities of cancer treatments: SACT, radiotherapy, and surgery													
7.10 Use evidence-based interventions to assess, prevent, recognise and assist in the management of emergencies caused by cancer treatment knowing when to refer to, and involve, other healthcare professionals													
7.11 Effectively utilise techniques and tools commonly used to identify deterioration (e.g. PEWS or SPOT, Neuro-Observations)													
7.12 Complete Telephone Triage using the defined helpline (specific competencies detailed in www.cclg.org.uk/triagetool)													
7.13 Locate appropriate policies, treatments and equipment to be used for supportive and emergency care													
7.14 Identify sources of information, provide and use appropriate educational material for CYP, families and carers on how to monitor and report signs of side effects and toxicities of cancer treatments.													

Section 7b continued ▼

7.15	Relate clinical information (regarding side effects) in a way that is appropriate to the CYP, family and carers' understanding												
7.16	Educate CYP, families and carers on the practical skills required for effective treatment and interventions (e.g. use of thermometers, administration of medicines)												
7.17	Demonstrate ability to safely assess CYP, families and carers readiness for discharge and their understanding of side effects, emergencies, when and how to act (specific to their recent treatment modalities). Specifically includes CYP understanding why they should alert a responsible adult if they have symptoms.												
7.18	Show knowledge of blood values and their relevance in the management of side effects												
7.19	Contribute to the development of policies or guidelines to manage side effects, toxicities and oncological emergencies												
7.20	Maintain accurate and contemporaneous records of assessment and management of side effects, toxicities, and emergencies												
Extravastion, hypersensitivity and allergic reactions													
7.21	Recognise signs and symptoms of extravasation, hypersensitivity or allergic reaction												
7.22	Appropriately manage extravasation and infiltration, hypersensitivity or other adverse reaction as per local guidelines												
Radiotherapy specific													
7.23	Support CYP, Families and carers through the radiotherapy discussion and consent process delivered by the clinical oncologist (radiotherapy consultant)												
7.24	Provide radiotherapy information resource materials for CYP, families and carers about radiotherapy including side effects and actions to take												

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7.25 Lead and make autonomous clinical decisions where appropriate in the preparation for and assessment following radiotherapy (See https://www.cclg.org.uk/ACP-capabilities V1.0 pp.18-19 for detailed breakdown)												
Surgery specific												
7.26 Demonstrate safe post-operative care following common oncological procedures such as line insertions and removals, biopsies, lumbar puncture and bone marrow biopsy												
7.27 Adjust CYP, families and carers education and discharge planning for post surgery monitoring and reporting, appropriate to recent treatment.												
Immunotherapy and targeted therapies specific												
7.28 Adjust CYP, families and carers education and discharge planning for post immunotherapy or targeted treatment monitoring and reporting, appropriate to recent treatment												
Blood Product Specific												
7.29 Deliver treatment plans for CYP requiring blood product support, following local policy, and adjust CYP, families and carers education pre, during and post treatment pertinent to blood products												
7.30 Lead and make autonomous clinical decisions where appropriate in the assessment, treatment planning prescribing, managing and monitoring of non-medical authorised blood products. (See https://www.cclg.org.uk/ACP-capabilities V1.0 pp.30-31 for detailed breakdown)												

Action plan to achieve required competency level:

Reviewed by	Comments:	
Signature and Role:		Date:
Signature and Role:		Date:
Signature and Role:		Date:

Section 8.
Palliative and End-of-life care

8.0 **Supporting CYP, families and carers through palliative care and at end of life.** Provide a high standard of supportive care to those receiving palliative care or at end of life. Use principles of parallel planning to meet multiple and complex physical, practical, psychosocial, emotional and spiritual needs.	**Pre and post-registration nurses providing generalist CYP cancer care** (e.g. A&E, PICU, Practice nurses, general wards, radiology departments)		**Unregistered Support Workers in specialist CYP cancer**	**Registrants providing specialist CYP cancer care** (PTC and designated cancer specialist roles in POSCUs)				
Learning outcomes: Practitioners will be able to:	**Pre-reg Children's Field**	**Registered Nurse**	**Health Care Assistant / support worker**	**Nursing Associate**	**Registered**	**Enhanced**	**Advanced**	**Consultant**
8.1 Explain how the principles of palliative care, parallel planning, and end of life care are implemented in own care setting								
8.2 Describe the role of palliative care throughout the disease trajectory								
8.3 Identify the physical, psychological, social, emotional and existential impact on the CYP, family and carers								
8.4 Describe the signs of dying and distinguish between reversible treatable symptoms, those that could be minimised by treatment, and those which indicate the final phase of life								
8.5 Define the goals of care when a child or young person is dying, encompassing their own goals in the context of their family and carers e.g. preferences for location of care, patient comfort and dignity, symptom management, family and caregiver support								
8.6 Consider own beliefs, attitudes and values to death, dying and bereavement and how these may impact on care delivery								
8.7 Explore theories of loss, grief and bereavement and how these are applied in clinical practice								
Practice competencies: Practitioners will be able to:	**Pre-reg Children's Field**	**Registered Nurse**	**Health Care Assistant / support worker**	**Nursing Associate**	**Registered**	**Enhanced**	**Advanced**	**Consultant**
8.8 Recognise that palliative care is the responsibility of all cancer care professionals regardless of healthcare setting								
8.9 Identify the barriers to integrating parallel planning and palliative care as a concept from diagnosis and act to address them								
8.10 Inform and educate CYP, families and carers about palliative and end of life care when appropriate								
8.11 Demonstrate an open attitude to concepts of palliative and end-of-life care and act as an advocate for palliative care								
8.12 Raise awareness and educate colleagues about CYP palliative care								
8.13 Recognise the importance of effective continuity of care and seamless transitions between different healthcare services and settings, from active treatment through to end of life and into bereavement								
8.14 Facilitate appropriate conversations between health, social care, education professionals, CYP, families and carers to elicit their preferences with respect to goals of care as part of advance care planning								

Section 8 continued ▼

8.15 Undertake a holistic assessment of the needs, concerns and symptoms experienced by CYP receiving palliative and/or end of life care, with attention to diversity, equality, inclusion and belonging								
8.16 Recognise and support vulnerable CYP e.g. cognitive and sensory impaired, developmental delay, socially vulnerable								
8.17 Involve specialist palliative support care services when appropriate for CYP, families and carers, recognising own limitations								
8.18 Recognise the CYP who is dying								
8.19 Communicate sensitively, truthfully and without ambiguity about the dying process with CYP, families and carers								
8.20 Deliver appropriate interventions to guide and support CYP, families and carers through the dying process involving and knowing when to refer onto other healthcare providers								
8.21 Provide appropriate nursing interventions to promote comfort and dignity								
8.22 Respect and respond to different cultural and religious perspectives or needs at end of life								
8.23 Identify the need, and implement strategies, for involving and supporting family and carers, with particular attention to sibling needs; remaining cognisant of CYP consent if they have capacity								
8.24 Use active listening and observation skills to recognise, assess and provide support for a person experiencing distress (CYP, family, carers and colleagues)								

8.0 **Supporting CYP, families and carers through palliative care and at end of life.** Provide a high standard of supportive care to those receiving palliative care or at end of life. Use principles of parallel planning to meet multiple and complex physical, practical, psychosocial, emotional and spiritual needs.	**Practitioner Level** (See Key)	**Level of Achievement Required** (Benner Taxonomy)	**Self Assessment**	**Level Achieved** (Assessed)			**Evidence of Achievement**
Learning outcomes: Practitioners will be able to:				**L**	**Date**	**Sig.**	
EXAMPLE 8.8 Recognise that palliative care is the responsibility of all cancer care professionals regardless of healthcare setting	√	Advanced Beginner	Novice	N	28.05.22	J Doe	• Reflective written piece and discussion with supervisor • Observed practice • See Action Plan below
8.1 Explain how the principles of palliative care, parallel planning, and end of life care are implemented in own care setting							
8.2 Describe the role of palliative care throughout the disease trajectory							
8.3 Identify the physical, psychological, social, emotional and existential impact on the CYP, family and carers							
8.4 Describe the signs of dying and distinguish between reversible treatable symptoms, those that could be minimised by treatment, and those which indicate the final phase of life							
8.5 Define the goals of care when a child or young person is dying, encompassing their own goals in the context of their family and carers e.g. preferences for location of care, patient comfort and dignity, symptom management, family and caregiver support							
8.6 Consider own beliefs, attitudes and values to death, dying and bereavement and how these may impact on care delivery							
8.7 Explore theories of loss, grief and bereavement and how these are applied in clinical practice							

Section 8b continued ▼

Practice Competencies: Practitioners will be able to:												
8.8 Recognise that palliative care is the responsibility of all cancer care professionals regardless of healthcare setting												
8.9 Identify the barriers to integrating parallel planning and palliative care as a concept from diagnosis and act to address them												
8.10 Inform and educate CYP, families and carers about palliative and end of life care when appropriate												
8.11 Demonstrate an open attitude to concepts of palliative and end-of-life care and act as an advocate for palliative care												
8.12 Raise awareness and educate colleagues about CYP palliative care												
8.13 Recognise the importance of effective continuity of care and seamless transitions between different healthcare services and settings, from active treatment through to end of life and into bereavement												
8.14 Facilitate appropriate conversations between health, social care, education professionals, CYP, families and carers to elicit their preferences with respect to goals of care as part of advance care planning												
8.15 Undertake a holistic assessment of the needs, concerns and symptoms experienced by CYP receiving palliative and/or end of life care, with attention to diversity, equality, inclusion and belonging												
8.16 Recognise and support vulnerable CYP e.g. cognitive and sensory impaired, developmental delay, socially vulnerable												
8.17 Involve specialist palliative support care services when appropriate for CYP, families and carers, recognising own limitations												

Section 8b continued ▼

8.18	Recognise the CYP who is dying												
8.19	Communicate sensitively, truthfully and without ambiguity about the dying process with CYP, families and carers												
8.20	Deliver appropriate interventions to guide and support CYP, families and carers through the dying process involving and knowing when to refer onto other healthcare providers												
8.21	Provide appropriate nursing interventions to promote comfort and dignity												
8.22	Respect and respond to different cultural and religious perspectives or needs at end of life												
8.23	Identify the need, and implement strategies, for involving and supporting family and carers, with particular attention to sibling needs; remaining cognisant of CYP consent if they have capacity												
8.24	Use active listening and observation skills to recognise, assess and provide support for a person experiencing distress (CYP, family, carers and colleagues)												

Section 8b continued ▼

EXAMPLE ACTION PLAN to achieve required competency level: **Competency 8.7 action plan** 1. Karyn would like to return to oncology when qualified but is nervous about, and lacks confidence with, caring for patients receiving palliative and end of life care. This results in her avoiding these children and families when she can. 2. Reflection has helped practice assessor to be aware of this. Plan to co-roster shifts with nurses experienced in palliative / EoL care to observe. Sign-posted to Palliative and EoL care learning resources. 3. Booked follow-up on this in 3 weeks			
Action plan to achieve required competency level:			
Reviewed by	Comments:		
EXAMPLE REVIEW Signature and Role: J.Doe	Competency 8.7 reviewed. Karyn has actively sought opportunities to build exposure to learning and experience. Good reflection on two recent cases, feeling more confident and good feedback from colleagues on progress. Advanced Beginner level achieved.	Date:	21.10.21
Signature and Role:		Date:	
Signature and Role:		Date:	
Signature and Role:		Date:	

Section 9.
Late Effects

9.0 **Awareness of the potential long-term consequences of treatment for cancer.** Demonstrates knowledge of investigations required for surveillance of potential late consequences of cancer or treatment. Demonstrates an ability to provide information to CYP, families and carers regarding the potential for late consequences following treatment **(N.B. these competencies reflect the long-term consequences awareness that all CYP cancer nurses require. There is a complementary Career and Education Framework for supra-specialist nurses working in CYP, TYA and adult services, specialising in CYP cancer long-term follow-up).**	**Pre and post-registration nurses providing generalist CYP cancer care** (e.g. A&E, PICU, Practice nurses, general wards, radiology departments)		**Unregistered Support Workers in specialist CYP cancer**	**Registrants providing specialist CYP cancer care** (PTC and designated cancer specialist roles in POSCUs)				
Learning outcomes: Practitioners will be able to:	**Pre-reg Children's Field**	**Registered Nurse**	**Health Care Assistant / support worker**	**Nursing Associate**	**Registered**	**Enhanced**	**Advanced**	**Consultant**
9.1 Identify chronic and late consequence of cancer treatments depending on itreatment given								
9.2 Identify the evidence to reduce the risk of and manage the chronic and late consequences of cancer treatment								
9.3 Discuss the importance of the late effects Multi-Disciplinary Team (MDT) in the role of long-term follow-up								
9.4 Discuss the services available for long-term follow-up including the transition to adult services								
Practice competencies: Practitioners will be able to:	**Pre-reg Children's Field**	**Registered Nurse**	**Health Care Assistant / support worker**	**Nursing Associate**	**Registered**	**Enhanced**	**Advanced**	**Consultant**
9.5 Identify potential late consequences of cancer and its treatment								
9.6 Contact specialist late effects nurses and make appropriate referrals								
9.7 Apply theoretical knowledge of the investigations required for surveillance of potential long-term consequences of treatment								
9.8 Correctly identify the need for additional knowledge and information as the child or young person matures								
9.9 Seek appropriate guidance and support to provide appropriate information about late consequences of treatment								
9.10 Discuss with CYP, families and carers the potential long-term consequences of treatment and the importance of attending clinics								
9.11 Lead and make autonomous clinical decisions where appropriate in the assessment, care and treatment planning, transition support and referrals for CYP in Long Term Follow up. (See https://www.cclg.org.uk/ACP-capabilities V1.0 pp.23-26 for detailed breakdown)								

9.0 **Awareness of the potential long-term consequences of treatment for cancer.** Demonstrates knowledge of investigations required for surveillance of potential late consequences of cancer or treatment. Demonstrates an ability to provide information to CYP, families and carers regarding the potential for late consequences following treatment **(N.B. these competencies reflect the long-term consequences awareness that all CYP cancer nurses require. There is a complementary Career and Education Framework for supra-specialist nurses working in CYP, TYA and adult services, specialising in CYP cancer long-term follow-up).**	**Practitioner Level** (See Key)	**Level of Achievement Required** (Benner Taxonomy)	**Self Assessment**	**Level Achieved** (Assessed)			**Evidence of Achievement**
Learning outcomes: Practitioners will be able to:				**L**	**Date**	**Sig.**	
EXAMPLE 9.8 Correctly identify the need for additional knowledge and information as the CYP matures	√	Competent	Proficient	P	28.05.22	J Doe	• Uses daily chemo administration opportunities to check CYP understanding of short, medium and long-term side effects. • Confident awareness and observed practice discussing LE with CYP of all age appropriate to age and developmental needs • CCLG LE lecture series attended
9.1 Identify chronic and late consequence of cancer treatments depending on treatment given							
9.2 Identify the evidence to reduce the risk of and manage the chronic and late consequences of cancer treatment							
9.3 Discuss the importance of the late effects Multi-Disciplinary Team (MDT) in the role of long-term follow-up							
9.4 Discuss the services available for long-term follow-up including the transition to adult services							
Practice Competencies: Practitioners will be able to:							
9.5 Identify potential late consequences of cancer and its treatment							

Section 9b continued ▼

9.6 Contact specialist late effects nurses and make appropriate referrals													
9.7 Apply theoretical knowledge of the investigations required for surveillance of potential long-term consequences of treatment													
9.8 Correctly identify the need for additional knowledge and information as the child or young person matures													
9.9 Seek appropriate guidance and support to provide appropriate information about late consequences of treatment													
9.10 Discuss with CYP, families and carers the potential long-term consequences of treatment and the importance of attending clinics													
9.11 Lead and make autonomous clinical decisions where appropriate in the assessment, care and treatment planning, transition support and referrals for CYP in Long Term Follow up. (See https://www.cclg.org.uk/ACP-capabilities V1.0 pp.23-26 for detailed breakdown)													

Action plan to achieve required competency level:		
Reviewed by	Comments:	
Signature and Role:		Date:
Signature and Role:		Date:
Signature and Role:		Date:

Section 10.
Leadership and Management

10.0 **Leadership and management in cancer nursing** Regardless of role or position, develop practitioners with leadership skills to facilitate team management, organise work, and lead or contribute to operational and strategic development for CYP cancer services	**Pre and post-registration nurses providing generalist CYP cancer care** (e.g. A&E, PICU, Practice nurses, general wards, radiology departments)		**Unregistered Support Workers in specialist CYP cancer**	**Registrants providing specialist CYP cancer care** (PTC and designated cancer specialist roles in POSCUs)				
Learning outcomes: Practitioners will be able to:	**Pre-reg Children's Field**	**Registered Nurse**	**Health Care Assistant / support worker**	**Nursing Associate**	**Registered**	**Enhanced**	**Advanced**	**Consultant**
10.1 Differentiate between leadership and management and consider how different models of leadership may impact on the care provided to CYP, families and carers								
10.2 Describe the importance of the legal, ethical and professional issues in relation to the care of CYP, families and carers								
10.3 Describe the principles of risk assessment and risk management in relation to the care of CYP, families and carers								
10.4 Discuss the importance of relevant resource management strategies in relation to cancer care								
10.5 Describe the regional and national structure of CYP cancer services, and understand how own role can influence regional and national policy and strategy								
10.6 Evidence advanced knowledge of national and international innovations that contribute to CYP cancer care								
10.7 Influence good practice in CYP cancer nursing care at a national and / or international level								
10.8 Evidence a specialist qualification at (Level 4 PGCert or 5 Diploma - England, N.Ireland & Wales) (Level 7 HNC / Cert HC or 8 HND / DipHE- Scotland)								
10.9 Evidence a specialist qualification at (Level 6 Degree, England, N.Ireland & Wales) (Level 9 Graduate diploma / degree or 10 degree with honours- Scotland)								
10.10 Evidence a specialist qualification at advanced level (Level 7 Masters or 8 Doctoratal - England, N.Ireland & Wales) (Level 11 Masters or 12 Doctoral -Scotland)								
10.11 Deliver training and education one-to-one or to small groups in general CYP cancer care								
10.12 Deliver training and education to medium and large groups at local, regional and national level in general CYP cancer care or supra-specialist field within CYP cancer services								
10.13 Write for publication and / or deliver education to larger groups at regional, national or international level in general CYP cancer care or supra-specialist field within CYP cancer services								
10.14 Acts as national resource, expert, adviser, researcher and author								
10.15 Participate in or lead education strategy in CYP cancer care for the organisation ensuring there is provision of education for those encountering CYP symptoms of cancer or diagnosed with cancer								

Section 10 continued ▼

10.16 Demonstrate financial awareness of budget setting needs and budget monitoring including funding routes for new agents and clinical trials								
10.17 Evidence a high level of knowledge of the research and audit process, and methods to develop and lead projects for practice and service development for CYP cancer nursing								
Practice competencies: Practitioners will be able to:	**Pre-reg Children's Field**	**Registered Nurse**	**Health Care Assistant / support worker**	**Nursing Associate**	**Registered**	**Enhanced**	**Advanced**	**Consultant**
10.18 Use appropriate leadership and management strategies for practice and evaluate the impact of these upon CYP, families and carers and on other healthcare professionals								
10.19 Use specialist knowledge to evaluate new and complex clinical ideas that are emerging in the most advanced arenas in CYP cancer								
10.20 Supports the development of commissioning pathways for new treatments as evidence of effectiveness emerges, which may include new pathways to tertiary or quaternary services.								
10.21 Contribute to business planning through contributing or leading on CYP cancer business cases and report writing								
10.22 Identify and initiate audit of clinical practice or research projects and address learning needs or professional development requirements arising from this								
10.23 Practice in accordance with legal, ethical and professional principles in order to provide safe, effective, timely, cost-effective care to CYP, families and carers								
10.24 Practice in accordance with national, regional and local policies and standards in order to provide safe, effective, timely, cost-effective care to CYP, families and carers								
10.25 Provide leadership to contribute, implement and evaluate policies and standards relevant to cancer care								
10.26 Assess risk and implement risk management strategies in order to promote patient well-being and safety in practice								
10.27 Follow policies and use templates designed to assess and reduce risk								
10.28 Demonstrate evidence of continuing professional development and actively promote the professional development of others								
10.29 Contribute to the professional development of nurses in the care of CYP with cancer, working in other areas of the organisation								
10.30 Demonstrate the ability to plan, allocate, co-ordinate and evaluate the use of healthcare resources in an appropriate manner when providing care to CYP, families and carers on a day to day basis								
10.31 Demonstrate the ability to plan, allocate, co-ordinate and evaluate the use of healthcare resources for delivering services at local and regional levels								
10.32 Inform the strategic direction and lead changes to cancer service delivery at a local and regional (ODN) level.								
10.33 Demonstrate big picture thinking in operational and strategic developments; locally, regionally and nationally.								
10.34 Consider organisational accountability and responsibility in thinking and actions								

Section 10 continued ▼

10.35 Build sustainable internal and external relationships across organisational boundaries and agencies								
10.36 Work at pace and with ambiguity								
10.37 Demonstrate innovation and solution focused approaches								
10.38 Identify and initiate audit of clinical practice or research projects and address learning needs or professional development requirements arising from this								
10.39 Maintain a positive outlook and generosity of leadership								
10.40 Recognise the emotive nature of cancer care and act when a situation is escalating and senior support is needed								
10.41 Maintain accurate contemporaneous records across all aspects of cancer care and multi-professional interactions								
10.42 Recognise own limitations and seek appropriate emotional and developmental guidance and support when required								
10.43 Actively support colleagues with care and attention to Diversity, Equality, Inclusion and Belonging (DEIB)								
10.44 Act as a role model to support yourself and each other within the MDT								

10.0 **Leadership and management in cancer nursing** Regardless of role or position, develop practitioners with leadership skills to facilitate team management, organise work, and lead or contribute to operational and strategic development for CYP cancer services	**Practitioner Level** (See Key)	**Level of Achievement Required** (Benner Taxonomy)	**Self Assessment**	**Level Achieved** (Assessed)			**Evidence of Achievement**
Learning outcomes: Practitioners will be able to:				**L**	**Date**	**Sig.**	
EXAMPLE 10.23 Practice in accordance with legal, ethical and professional principles in order to provide safe, effective, timely, cost-effective care to CYP, families and carers	√	Proficient	Proficient	P	28.05.22	J Doe	• Always able to locate policies and standards applicable to role. • Referred to these in a ward meeting when highlighting areas where standards were failing. • Assisted unit practice educator to update the induction book for Support Workers. • Buddy role for new Support Workers and actively teaches good practice with following guidelines.
10.1 Differentiate between leadership and management and consider how different models of leadership may impact on the care provided to CYP, families and carers							
10.2 Describe the importance of the legal, ethical and professional issues in relation to the care of CYP, families and carers							
10.3 Describe the principles of risk assessment and risk management in relation to the care of CYP, families and carers							
10.4 Discuss the importance of relevant resource management strategies in relation to cancer care							
10.5 Describe the regional and national structure of CYP cancer services, and understand how own role can influence regional and national policy and strategy							

Section 10b continued ▼

10.6	Evidence advanced knowledge of national and international innovations that contribute to CYP cancer care												
10.7	Influence good practice in CYP cancer nursing care at a national and / or international level												
10.8	Evidence a specialist qualification at (Level 4 PGCert or 5 Diploma - England, N.Ireland & Wales) (Level 7 HNC / Cert HC or 8 HND / DipHE- Scotland)												
10.9	Evidence a specialist qualification at (Level 6 Degree, England, N.Ireland & Wales) (Level 9 Graduate diploma / degree or 10 degree with honours- Scotland)												
10.10	Evidence a specialist qualification at advanced level (Level 7 Masters or 8 Doctoratal - England, N.Ireland & Wales) (Level 11 Masters or 12 Doctoral -Scotland)												
10.11	Deliver training and education one-to-one or to small groups in general CYP cancer care												
10.12	Deliver training and education to medium and large groups at local, regional and national level in general CYP cancer care or supra-specialist field within CYP cancer services												
10.13	Write for publication and / or deliver education to larger groups at regional, national or international level in general CYP cancer care or supra-specialist field within CYP cancer services												
10.14	Acts as national resource, expert, adviser, researcher and author												
10.15	Participate in or lead education strategy in CYP cancer care for the organisation ensuring there is provision of education for those encountering CYP symptoms of cancer or diagnosed with cancer												

Section 10b continued ▼

10.16	Demonstrate financial awareness of budget setting needs and budget monitoring including funding routes for new agents and clinical trials												
10.17	Evidence a high level of knowledge of the research and audit process, and methods to develop and lead projects for practice and service development for CYP cancer nursing												
Practice Competencies: Practitioners will be able to:													
10.18	Use appropriate leadership and management strategies for practice and evaluate the impact of these upon CYP, families and carers and on other healthcare professionals												
10.19	Use specialist knowledge to evaluate new and complex clinical ideas that are emerging in the most advanced arenas in CYP cancer												
10.20	Supports the development of commissioning pathways for new treatments as evidence of effectiveness emerges, which may include new pathways to tertiary or quaternary services.												
10.21	Contribute to business planning through contributing or leading on CYP cancer business cases and report writing												
10.22	Identify and initiate audit of clinical practice or research projects and address learning needs or professional development requirements arising from this												
10.23	Practice in accordance with legal, ethical and professional principles in order to provide safe, effective, timely, cost-effective care to CYP, families and carers												
10.24	Practice in accordance with national, regional and local policies and standards in order to provide safe, effective, timely, cost-effective care to CYP, families and carers												
10.25	Provide leadership to contribute, implement and evaluate policies and standards relevant to cancer care												

Section 10b continued ▼

10.26	Assess risk and implement risk management strategies in order to promote patient well-being and safety in practice												
10.27	Follow policies and use templates designed to assess and reduce risk												
10.28	Demonstrate evidence of continuing professional development and actively promote the professional development of others												
10.29	Contribute to the professional development of nurses in the care of CYP with cancer, working in other areas of the organisation												
10.30	Demonstrate the ability to plan, allocate, co-ordinate and evaluate the use of healthcare resources in an appropriate manner when providing care to CYP, families and carers on a day to day basis												
10.31	Demonstrate the ability to plan, allocate, co-ordinate and evaluate the use of healthcare resources for delivering services at local and regional levels												
10.32	Inform the strategic direction and lead changes to cancer service delivery at a local and regional (ODN) level.												
10.33	Demonstrate big picture thinking in operational and strategic developments; locally, regionally and nationally.												
10.34	Consider organisational accountability and responsibility in thinking and actions												
10.35	Build sustainable internal and external relationships across organisational boundaries and agencies												

Section 10b continued ▼

10.36	Work at pace and with ambiguity												
10.37	Demonstrate innovation and solution focused approaches												
10.38	Identify and initiate audit of clinical practice or research projects and address learning needs or professional development requirements arising from this												
10.39	Maintain a positive outlook and generosity of leadership												
10.40	Recognise the emotive nature of cancer care and act when a situation is escalating and senior support is needed												
10.41	Maintain accurate contemporaneous records across all aspects of cancer care and multi-professional interactions												
10.42	Recognise own limitations and seek appropriate emotional and developmental guidance and support when required												
10.43	Actively support colleagues with care and attention to Diversity, Equality, Inclusion and Belonging (DEIB)												
10.44	Act as a role model to support yourself and each other within the MDT												

Section 10b continued ▼

Action plan to achieve required competency level:		
Reviewed by	Comments:	
Signature and Role:		Date:
Signature and Role:		Date:
Signature and Role:		Date:

7. Acronyms and Glossary

7. Acronyms & Glossary

ACP	Advance Care Plan in the context of palliative and end of life care or Advanced Clinical Practitioners in the context of nursing and allied health professionals with advanced practice
ANP	Advanced Nurse Practitioner
BMA	Bone Marrow Aspirate
Cancer Service	Includes solid tumours, haematological malignancies, neuro-oncology, benign tumours, bone marrow failure disorders and cancer-like diseases
Carers	A person with significant caring responsibility such as a parent or legal guardian. It can also relate to those with temporary responsibilities for the child or young person, such as Grandparents and other relatives, teachers, and other responsible adults such as friends and neighbours.
CCLG	Children's Cancer and Leukaemia Group
CYP	Children and young people
CYPCN	Children and Young People Cancer Nurses. This is a jointly hosted UK special interest group. Hosts are the Royal College of Nursing (sitting as a community under the CYP Specialist Care Forum), and the CCLG (representing the Cancer Nursing Discipline Group).
CYP, families & carers	This terminology is used throughout the document to encompass many people; the list is not exhaustive: patients, parents, carers, partners, siblings, family, friends, teachers, club leaders, etc.
EOLC or EoL	End of Life Care or End of Life
GCP	Good Clinical Practice (in research in relation to the international ethical, scientific and practical standard to which all clinical research is conducted.)
HNA	Holistic Needs Assessment
HSCT	Haematopoietic Stem Cell Transplant
MDT	Multidisciplinary Team, also referred to as multi-professional team in practice
MSN	Managed Scotland Network (for CYP cancer)
NiCAN	Northern Ireland Cancer Network
ODN	Operational Delivery Networks (Regional CYP cancer networks in England)
PEWS	Paediatric Early Warning Score
POSCU	Paediatric Oncology Shared Care Unit
PTC	Principal Treatment Centre
SACT	Systemic anti-cancer therapy
SPOT	System-wide Paediatric Observation Tool

7. Acronyms & Glossary

Supra-specialised	Cancer is a highly specialised field employing professionals who are recognised as specialising in the field. Certain roles are further specialised again and usually need the cancer specialisation as a pre-requisite. Examples, CYP cancer research nurses, HSCT nurses, palliative care nurses.
TYA	Teenagers and Young Adults
WBRS	Work-Based Record Sheet. Form to sign off competencies in this framework.
WHSSC	Welsh Health Specialised Services Committee

8. References

8. References

Almalkawi, I, Jester, R, and Terry, L. (2018) Exploring mentors' interpretation of terminology and levels of competence when assessing nursing students: An integrative review *Nurse Education Today* 69 pp.95–103
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Appendix 1
How this framework was updated

Appendix 1: How this framework was updated

The Royal College of Nursing (RCN) identified the framework was due a scheduled review and approached the RCN/CCLG CYP Cancer Nurses (CYPCN) group for reviewers. Members of the RCN/CCLG CYPCN agreed the need to review and update this framework, via consensus at a national CYPCN Meeting 2019, to support nurses in the delivery of care to CYP, families and carers. There was recognition that nursing roles and the field of CYP cancer care have evolved in recent years, requiring significant updates to the framework.

A working group was established encompassing nurses working within the field of CYP cancer services, with expertise across the CYP age range, with additional input and consultation across the CCLG Nursing Supra-Specialist Groups and with partner groups such as the RCN Palliative Care Community (listed in Appendix 5). This gave the working party reach to nurses from PTCs, POSCUs, community and other settings in their delivery of care to this patient group across the UK.

The working party began by reviewing and updating the competencies in 2019, from V2.1 (2013) of this CYP cancer nursing framework. This was achieved by both revising areas where practice has developed, and also drawing from more contemporary published literature. This round of revisions was reviewed and revised the members of the CCLG Children and Young People Oncology Nurse Educators (CYPONE) group (n.58). The earliest conversations with the CYPONE group in 2019 was part of the bi-annual face to face group meeting, but as covid evolved communication was via on-line meetings, email and the CCLG Basecamp communication group. The working-party continued to meet online, approx. 6-weekly throughout 2021 and the early part of 2022, with more frequent meetings when deadlines in the project timeline required it.

By 2020, the working party became aware of extensive work being undertaken by UKONS and the RCN to update the 2017 version of the UKONS / RCN Career and Education Framework for Cancer Nursing; Guidance for: pre-registration nursing students support workers in health and social care registered nurses providing general or specialist cancer care, used in adult cancer services. This was also linked to work at Health Education England (HEE) looking at workforce models to manage the severe gaps in the adult cancer nursing workforce. Leaders from the CYP cancer framework working party met with the lead for the UKONS / RCN work and exchanged insights on approaches to workforce development and career and education frameworks. We considered an all-ages framework but were able to identify significant variations in practice between adult cancer services and children's cancer services making the concept of an 'all-ages' framework impractical. Examples of this include that children's services do not use the 'acute oncology service model,' paediatric services have much greater involvement of the wider family in CYP care, the child's development plays a crucial role in how care is planned and delivered. While we ultimately agreed that age specific frameworks were needed, we agreed to work to the same document structure and format, so that higher education institutions (HEIs), employers and staff who may work across both settings, such as long-term follow-up services, recognised the system used and know how to navigate both documents.

During Nov-Dec 2021 a draft of the reworked CYP cancer nursing framework was sent to the CCLG Centres Reps (n. 44) and chairs of all the CYPCN supra-specialist groups (n.10) for consultation and comment. Some of these centre reps then engaged with their local educators and staff to provide feedback (n. unknown). Written submission was then received from an additional 4 Principal Treatment Centres, beyond the 6 represented in the working party (45% of the UK PTCs making a written response). Of note this was during the time of the Omicron Covid peak and NHS teams were under extensive pressures with limited capacity for additional activities. Some feedback was very minimal, stating sentiments along the lines of the work being very useful for practice, understandable and the team had intension to implement. Other feedback was more detailed suggesting improved wording, asking questions about practical applications, annotating areas where competencies identified for levels of practice were handled differently, offering useful suggestions on restructuring the document for ease of use.

During Dec 2021 the working party consulted with the Co-Chairs of the RCN CYP Palliative care forum, and NHSE Palliative & end-of life care lead, on section 8 Palliative and end-of-life care competencies.

In Dec 2021, one member of the working party, and both co-chairs of the CYPCN, met with the RCN Professional Nursing Lead, to clarify whether the levels of practice being used were the agreed levels that the RCN were working towards with HEE. There was some clarification on the registrant and enhanced levels that led to further revisions in the framework.

During January and February 2022, the draft was shared with the Head of Portfolio & Co-Programme Lead for ACCEnD (Aspirant Cancer Careers and Education Development programme) at HEE, ahead of the project lead for this framework joining the ACCEnD Expert Advisory Group. Positive feedback on the framework was received with comments including 'impressive' and 'exemplary' on the work by that point. This also led to the work being invited for presentation to the CYP & Maternity programme leads at HEE, also receiving positive feedback.

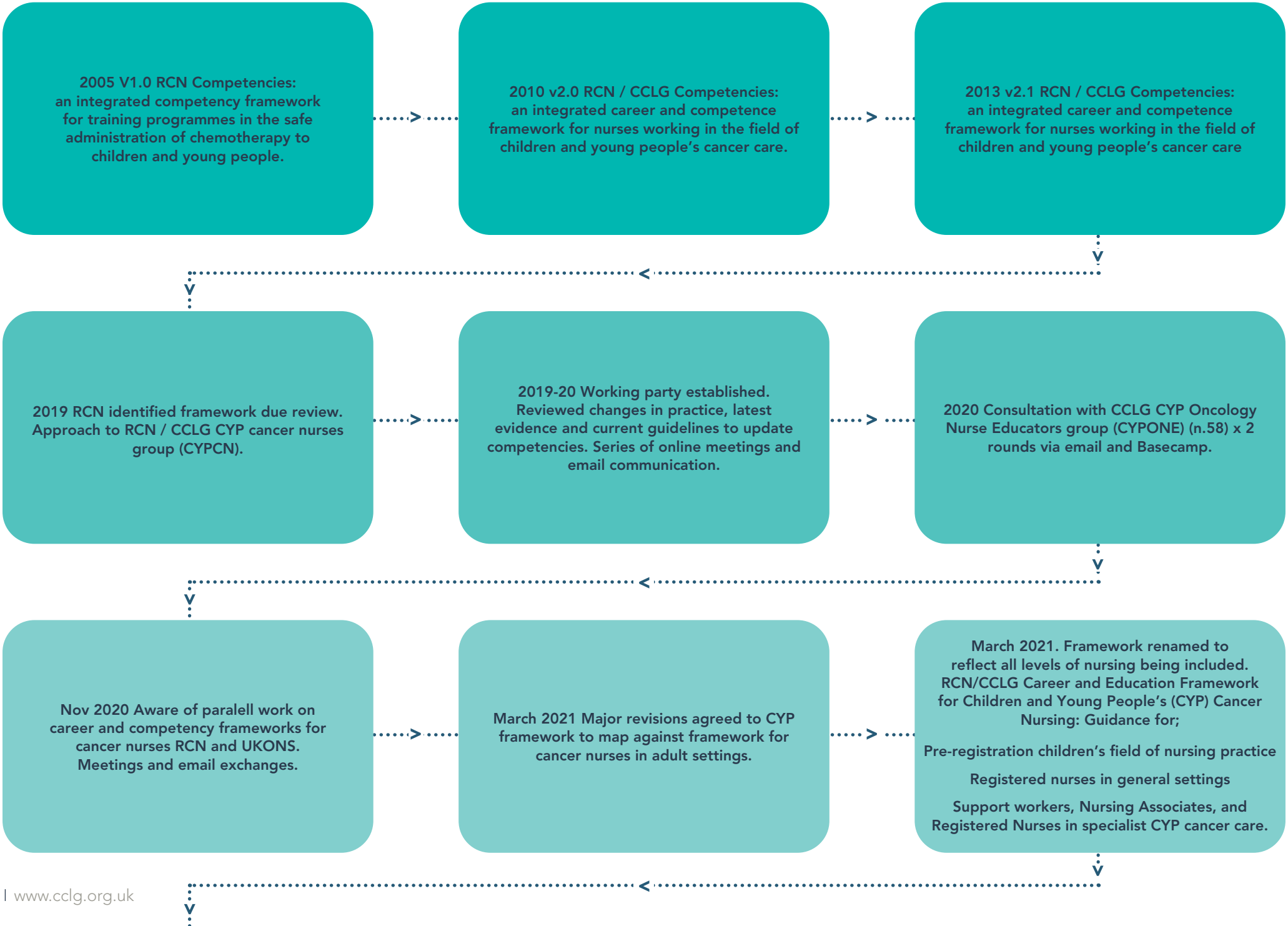
Two academic reviewers were identified; one from Coventry University (Course Director and Senior Lecturer in TYA cancer care and adult nursing) and one from University of Huddersfield (Head of Practice Education (Blended Learning), offering further valuable feedback. A further independent review was offered by the Chair of the European Oncology Nursing Society and Senior Lecturer Children & Young People's Nursing, the Open University. Feedback from academics related to document structure, and ease of reading for the user. It also led to consideration of review on representation for the countries listed, and from a variety of levels of practitioner who would be users of the framework leading to further review.

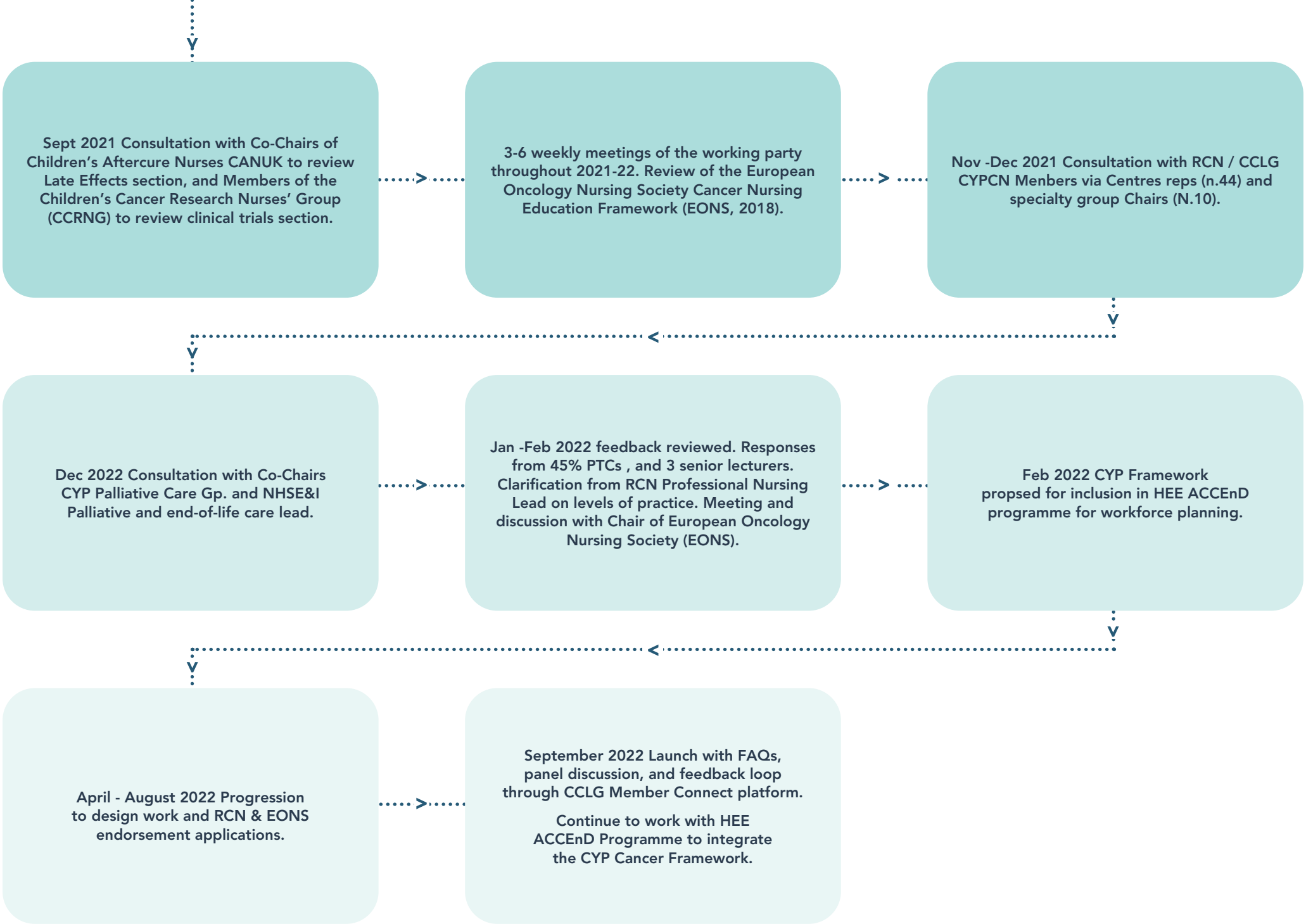
Amongst the early review rounds including the full CYPONE membership, Centre Reps feedback and the working party members, all 4 countries of the UK had been involved at some point during the review. There has been no patient or public involvement in this framework but the Under 16s Cancer Patient Experience (CPES) was reviewed to compare whether the competencies covered aspects of care that were important to service users (NHS England and Picker, 2020).The competencies cover all aspects of care important to service users identified in CPES, and one gap was addressed and is now included.

It was agreed that additional supporting resources would be needed to accompany the launch of the final framework, such as a 'frequently asked questions' (FAQs) sheet and panel discussion on how to use the framework, that would accompany the launch and could be recorded and available on watch again to help local implementation. With this recording, hosted on the CCLG member connect platform, it will be possible to run an online communication thread for implementers to ask questions and get feedback.

The live document will be subject to a 3-5 year review in line with RCN standards for endorsed frameworks. However, due to the framework undergoing a significant restructure and broader scope the working party has committed to an initial review in 12 months. This will enable an evaluation of the impact of the framework in practice and review of feedback.

Fig 5 below summarises the review process.




Sept 2021 Consultation with Co-Chairs of Children's Aftercure Nurses CANUK to review Late Effects section, and Members of the Children's Cancer Research Nurses' Group (CCRNG) to review clinical trials section.
3-6 weekly meetings of the working party throughout 2021-22. Review of the European Oncology Nursing Society Cancer Nursing Education Framework (EONS, 2018).
Nov -Dec 2021 Consultation with RCN / CCLG CYPCN Menbers via Centres reps (n.44) and specialty group Chairs (N.10).
Dec 2022 Consultation with Co-Chairs CYP Palliative Care Gp. and NHSE&I Palliative and end-of-life care lead.
Jan -Feb 2022 feedback reviewed. Responses from 45% PTCs , and 3 senior lecturers. Clarification from RCN Professional Nursing Lead on levels of practice. Meeting and discussion with Chair of European Oncology Nursing Society (EONS).
Feb 2022 CYP Framework propsed for inclusion in HEE ACCEnD programme for workforce planning.
April - August 2022 Progression to design work and RCN & EONS endorsement applications.
September 2022 Launch with FAQs, panel discussion, and feedback loop through CCLG Member Connect platform.
Continue to work with HEE ACCEnD Programme to integrate the CYP Cancer Framework.

Appendix 2
Who benefits from standardised career and education frameworks?

Appendix 2:
Who benefits from standardised career and education frameworks?

The framework aims to benefit individual nurses, employers, education providers and organisations alongside CYP and their families. (Stanford, 2016, CIPD, 2021) It may achieve this in any number of ways, including those identified below;

Individual nurses

A framework for personal and professional development, enabling:

- consideration of the requirements for a career in CYP cancer
- self-assessment of knowledge and skills
- identification of continuous professional development requirements
- structured career development
- development of an individual portfolio which may support Revalidation (NMC, 2021a)
- opportunities to influence the direction of practice

Trust/local educators, facilitators, and managers

A framework:

- to support individual nurses' development as above
- to support development of induction programmes for new starters
- for formal appraisal, supporting assessment of competence
- for identification of individual and team training needs
- for planning and delivery of study sessions/days
- for planning and procurement/delivery of academic courses

Employers/organisations

A framework:

- enabling identification of knowledge and competence requirements of CYP cancer nurses
- to support risk management and workforce planning
- to guide consistently exacting standards of care

Academic institutions/providers

A framework:

- to map course content to support the needs of nurses providing CYP cancer care
- to support planning and delivery of academic courses

Patients, their families, and the public

In addition to the above, which support patient care, the framework should inspire:

- increased effectiveness to service provision
- improved access and choice for care provision

Appendix 3
Alignment and mapping to National transferable standards

Appendix 3:
Alignment and Mapping to National transferable standards

This competence framework has been developed to guide practice and provide a framework for training and development for nurses working within the field of CYP cancer care. It should be used in conjunction with other core and specialist standards and competence frameworks, as appropriate to the individual nurse and their working environment. Country specific service standards outline minimum standards for the service including nurse training.

The following documents informed development of this career and competence framework:

- Children's Cancer & Leukaemia Group (2021) *Advanced Clinical Practitioner Paediatric Oncology & Haematology Capability Document*
- European Oncology Nursing Society (2018) *The EONS cancer nursing education framework*
- NHS Education for Scotland (2020) N*ursing, Midwifery and Allied Health Professionals (NMAHP) development framework: HCSW learning framework, the Bridge, and Post-Registration framework*
- NHS England (2021a) *Children's Cancer Principal Treatment Centres Service Specification No: 1746: Appendix 3 Standards for Children's Nursing.*
- NHS England (2021b) *Children's Cancer Operational Delivery Network – Paediatric Oncology Shared Care Unit Service Specification No: 1746: Appendix 3 Standards for Children's Nursing*
- Northern Ireland Cancer Network (NICaN) (2022) *The Administration of Systemic Anti-Cancer Therapies Clinical Competence Framework (Adult and Paediatric Services)*
- International Children's Palliative Care Network (2021) *Children's Palliative Care Education Standard Framework and Self Audit Tool*
- Royal College of Nursing (2011) *Competences: An integrated career and competence framework for nurses working in the field of long-term follow-up and late effects care of children and young people after cancer (Under scheduled review and update at time of writing)*
- Royal College of Nursing (2018a) *RCN Competencies: Caring for Infants, Children and Young People Requiring Palliative Care Second edition RCN 007 033*
- Royal College of Nursing (2021b) *Nursing Workforce Standards*
- Skills for Health (2010) *Appendix 1. The Career Framework for Health: Key Elements*
- Teenage Cancer Trust & Royal College of Nursing (2014) C*ompetencies: Caring for Teenagers and Young Adults with Cancer: A Competence and Career Framework for Nursing*
- United Kingdom Oncology Nursing Society & Royal College of Nursing (2017) *Career and Education Framework for Cancer Nursing Guidance for: pre-registration nursing students support workers in health and social care registered nurses providing general or specialist cancer care (Under scheduled review at time of writing)*
- Workforce Development Trust (2021) *Skills for Health Competencies*

Post Registration Academic Requirements in CYP Cancer Care

Northern Ireland

No nationally set academic requirements post-registration specific to CYP cancer care.
Nationally agreed training:

- (Northern Ireland Cancer Network NICaN) (2022) The Administration of Systemic Anti-Cancer Therapies Clinical Competence Framework (Adult and Paediatric Services)
- CCLG (2020) Telephone Triage Toolkit for Children's Cancer Services.

Scotland

No nationally set academic requirements post-registration specific to CYP cancer care.

National recognition of the need for education, training and staff support is detailed in Ambition 8 of the NHS Scotland Cancer Strategy for Children and Young People in Scotland 2021-2026: Collaborative and compassionate

cancer care. (The Scottish Government, 2021)
This highlights:

- A skilled workforce requires education, training, and support
- Small staff numbers in some locations requires shared approaches to skills for equity of patient access
- The impact of new technology
- Sharing best practice
- Work with academic partners to influence the current health curriculums to support a broader clinical exposure to our services and bridge the information gap.

Nationally agreed training:

- Scottish Government, (2012) 'Revised Guidance for the Safe Delivery of Systemic Anti-Cancer Therapy', Chief Executive Letter (CEL) 30

Wales

The Welsh Health Specialised Services Committee (WHSSC) (2015) CP86: S*pecialised Services Service Specification: Services for Children with Cancer* specifies;

- Range of health and social care professionals require Advanced Communication Skills Training
- Training in assessment and palliative care
- Annual Appraisal
- Training policies to ensure specialist skills are maintained and developed.
- Multi-professional training undertaken
- Specific training in late effects
- Chemotherapy training
- Training in management of emergencies

England

NHS England (2021a, 2021b) Service Specifications for PTCs and POSCUs specifies the mandatory post-registration training required by registrant nurses in PTCs and POSCUs. Appendix 3 of these documents outlines which nurses this applies to and what % of staffed trained to these levels must be on duty each shift.
Network agreed training programmes for oncology skills and SACT administration

- External Training: University accredited course in children's cancer care and / or chemotherapy to 20 credits at first degree or 15 credits at Master's level.
- Internal Training: Network agreed, RCN / CCLG Career & Education Framework competency based
    - Full' – chemotherapy administration and oncology skills
    - 'Foundation' – oncology skills for nurses not administering chemotherapy.
    - The competencies should cover at least the following:
        - management of central venous access devices;
        - care of a child who is febrile and neutropenic;
        - administration of blood products.
    - 'Low Risk' – chemotherapy competencies focused only on administration of Network agreed limited list of low-risk regimens.

Additional nationally agreed guidelines and training via the RCN / CCLG CYPCN:

- CCLG / UKONS (2022) "SACT Passport" (Systemic Any-Cancer Therapy training programme)
- CCLG (2020) Telephone Triage Toolkit for Children's Cancer Services.

[8] CCLG is named in the PTC and POSCU Service Specifications for holding best practice guidelines to be followed. (NHSE, 2021a, p.6 and NHSE 2021b, p.4)

Appendix 4
Relationship to RCN core competencies and sustainability

Appendix 4: Relationship to RCN core competencies and sustainability

RCN core behavioural competencies and Equality & Diversity

This framework is aligned to, and expects demonstration of, the RCN core behaviours outlined in their values statement: **(https://careers.rcn.org.uk/about-us/our-values)**

The six core behavioural competencies are:

- Stay one step ahead
- Inspire others to greater heights
- Build outstanding relationships
- Get to the heart of the business
- Show passion for our services
- Value those around you

The RCN Dignity Charter (RCN 2010) and Respect Charter (RCN, 2017) embraces diversity and treating others with respect. This framework is strongly embedded in the principles of respect and diversity, equality, inclusion and belonging for both staff and the public we serve.

United Nations Sustainable Development Goals

We know cancer 'costs' across multiple domains of a families' life (Macmillan, 2013, CLIC Sargent, 2018). We work holistically and across organisations and agencies to ensure CYP with cancer and their families do not end up disadvantaged because of their cancer diagnosis.

The United Nations (UN) sustainable development goals encompass 17 goals that provide "a blueprint for peace and prosperity for people and the planet, now and into the future" (United Nations, 2015). This career and competency framework is broadly supportive of all 17 goals and would positively influence the 5 listed goals.

- Goal 3 Good Health and Wellbeing
- Goal 4 Quality Education
- Goal 5 Gender equality
- Goal 10 Reduce inequalities
- Goal 16 Peace, justice, and strong institutions

Appendix 5
Acknowledgements

Appendix 5: Acknowledgements

We are most grateful to the authors of the original publication 'Competencies: an integrated competency framework for training programmes in the safe administration of chemotherapy to children and young people' (2005) and subsequent documents RCN / CCLG 'Competencies: an integrated career and competence framework for nurses working in the field of children and young people's cancer care' in which the 2005 document was incorporated. Updates 2010 v2.0, 2013 v2.1.

Contributors for specific sections in addition to the working-party

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- Children & Young People Oncology Nurse Educators (CYPONE)
- Children's Aftercure Nurses United Kingdom (CANUK)
- Children's Cancer Research Nurses Group (CCRNG)
- Palliative and End of Life Care:
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    - Gareth Jones: National Palliative & End of Life Children and Young People Senior Manager, NHSE&I;
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Conflict of interest

There is no known conflict of interest. There was no funding support, sponsorship, or financial gain from producing the framework. The framework was created by and for the use of the key stakeholders and the CYPCN community.

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www.rcn.org.uk/Get-Involved/Forums/Children-and-Young-People-Specialist-Care-Forum/Communities/CYP-Cancer-Nurses Use the link to the current listed group chair named at the bottom of the page under "Members can get involved by contacting…."

Live Feedback and opportunity to ask questions via CCLG Nursing Members based in all UK Principal Treatment Centres on the CCLG Connect Platform in the Nursing Networks thread is available at www.cclg.org.uk/connect

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