

Acute Oncology Competence Assessment Passports

Project Update

Document Title:	Acute Oncology Competence Assessment Passports: Phase 1 Project Updates
Version:	1.0
Authors:	Gina Madera, Acute Oncology Education Project Manager, Greater Manchester Cancer Alliance Verna Lavender, Head of Guy's Cancer Academy UK, Guy's and St Thomas, UKONS Immediate Past President
Consultation Group:	National Acute Oncology Education Group

Accessibility Notice:

This document has been written in Arial point 12 text, this is generally more accessible for people with learning disabilities, sensory loss and / or other communication needs. Alternative text captions have been added to images within the document but if you require this document or any appendices in an alternative format please email gina.madera@nhs.net or gmcancer.wf_ed@nhs.net

Find out more about the accessible information standard here:
www.england.nhs.uk/accessibleinfo



Greater Manchester Cancer
Academy
Acute Oncology



Contents

1.0 Executive Summary	3
2.0 Introduction	4
3.0 Project Background	4
4.0 Project Aims and Overview	5
4.1 Aims	5
4.2 Governance and Reporting	5
4.3 Project Risk Register	6
4.4 Project Rationale.....	6
5.0 Outcome Measures	7
5.1 Project Output 1: Passport Development.....	8
5.2 Project Output 2: National AO Education Group Leadership	11
5.3 Project Output 3: Stakeholder Engagement.....	12
5.4 Project Output 4: Pilot Site Identification.....	13
5.5 Project Output 5: Project Communications	13
5.6 Project Output 6: Conference Presentations.....	14
6.0 Discussion.....	14
6.1 Project Successes	15
6.2 Project Challenges.....	15
7.0 Phase 2.....	16
8.0 Conclusion	16
9.0 Appendices	17
Appendix 1: National AO Education Group Terms of Reference	17
Appendix 2: HEE Risk Register Report- December 2022	19
Appendix 3: Project GANTT chart.....	21
Appendix 4: Proposed phase 2 evaluation objectives.....	22
Appendix 5: UKONS Conference poster	24
10.0 References.....	24

1.0 Executive Summary

This project aims to benefit people with an acute oncology indication, by ensuring that health care staff at all levels of practice are competent in safely managing their care.

This will be achieved through the standardised national multidisciplinary AO competence assessment documents, the AO Passports, which have been developed during Phase 1 of the project. There are four Passports, one for each of the four levels of practice described within the [UKONS Knowledge and Skills Guidance document](#).

Once implemented, evaluated and refined as necessary, the AO Passports will enable health care staff to be assessed for, and provide evidence of, their AO competence appropriate to their level of practice. The AO Passports will also be transferable between places of work within the National Health Service across the UK, therefore, levelling up standards and reducing unnecessary re-assessment of competence when staff change their place of work.

Throughout the duration of this project, key stakeholders across the four nations have been involved in the co-production of the passports through reiterative contribution and review of draft documents. Engagement from the AO workforce involved in this consultation has been positive and it is hoped that the high-level of engagement from key stakeholders will translate into widespread adoption within the AO speciality across the UK following the implementation of the second phase of this project: pilot and evaluation from December 2022 to March 2024.

Abbreviations within this document:

ACCEND- Aspirant Cancer Career and Education Development

AO- Acute Oncology

EIA- Equality Impact Assessment

GMCA- Greater Manchester Cancer Alliance

HEE- Health Education England

UKAOS- UK Acute Oncology Society

UKONS- UK Oncology Nursing Society

SACT- Systemic Anti-Cancer Therapy

2.0 Introduction

This report aims to provide the GMCA Senior Management Team, Guy's Cancer Senior Management Team, GMCA Acute Oncology Pathway Board, Health Education England (HEE) and the National Acute Oncology Education Group with a progress update following the first 6-month phase of the Acute Oncology Competence Passport Project.

It includes a breakdown of the passport project progress in relation to the agreed upon outcomes measures, project successes and challenges and outlines the next phase for this project commencing in January 2023.

3.0 Project Background

National acute oncology education aligning to the UKONS Acute Oncology Knowledge and Skills Guidance (2018) exists; however standardised competence assessment documents needed to be created. Following successes of the UKONS SACT Passport (UKONS, 2017), this project aimed to develop Acute Oncology Competence Assessment Passports with a similar structure and underlying methodology. Four versions aimed to be created, which correspond to specific levels of practice (Benner, 1984). The Passports developed in Phase 1 will be piloted and evaluated across the four nations with a multidisciplinary scope within Phase 2 of the project.

Oncological emergencies are often interlinked, and a variety of factors mean that patients with an oncological emergency have complex needs. Acute Oncology Services are important in reducing risk through prompt recognition of red flags and initial management of emergency presentations to improve patient outcomes. By spanning a range of roles and disciplines, the Passports aim to support the development of a knowledgeable, skilled, and competent health care workforce that treats and cares for patients with an acute oncology indication.

Oncology patients presenting as an emergency are at higher risk of poor outcomes than those without a cancer diagnosis; therefore, it is important to ensure that robust competencies are in place across acute and cancer services to optimise outcomes for patients with cancer. Patients have interactions with many different individuals throughout their treatment pathway, so it is important to recognise that competence in treating and caring for someone with an oncological emergency is relevant to the role of all health care workers who treat and/or care for people with cancer.

4.0 Project Aims and Overview

4.1 Aims

The project aims to support the development of a knowledgeable, skilled and competent health care workforce to ensure safe and timely treatment and care for patients with an acute oncology indication and thus optimise outcomes for patients with cancer. Linking to the Health Education England ACCEND Capabilities Framework (Potter and Taylor, 2022) to provide transformational reform within the cancer workforce, the project will:

- Develop multidisciplinary competence assessment documents that can be used across the four nations of the UK
- Improve patient safety by raising awareness of cancer-related emergencies
- Enhance communication and collaboration between health care teams to optimise outcomes for people with cancer.

4.2 Governance and Reporting

Below is the governance and reporting structure implemented for the lifespan of this project:

Frequency	Reporting Method
Weekly:	<ul style="list-style-type: none"> • 1:1 meeting between project manager and Dr Verna Lavender (UKONS Immediate Past President and Head of Guy’s Cancer Academy UK) to provide project guidance and senior leadership, and content review as a subject matter expert. • GM Cancer Workforce and Education department meeting
Monthly:	<ul style="list-style-type: none"> • Highlight reports peer reviewed within the workforce and education department and overview fed back to GMCA • GM Cancer Alliance Risk Register updated to accompany monthly highlight report • National AO Group and stakeholder workshops are held on alternating months
Quarterly:	<ul style="list-style-type: none"> • Highlight reports and copies of the project risk register are submitted to HEE • Project updates provided to the GM network at the GMCA AO Pathway Board • Updates provided to Senior Cancer Nurses at Guy’s Cancer • Quarterly report to the UKONS Board and UKAOS Board via the UKONS Acute Oncology Members Interest Group • Updates to the HEE ACCEND Steering Group

Overarching project governance includes a project risk register ([Section 4.3](#)) and the Terms of Reference for the National Acute Oncology Education Group ([Appendix 1](#)). As part of the project planning, an Equality Impact Assessment was conducted to assess and mitigate any potential adverse impact on equality diversity and inclusion

(EDI) that may be associated with the project. No significant impacts were found which could not be justified or mitigated. As part of the project planning for Phase 2 the EIA will be repeated to ensure the pilot complies with EDI and accessibility guidelines and will continue to be reviewed on a monthly basis alongside the project risk register.

4.3 Project Risk Register

The Project Risk Register was reviewed monthly and updated as required by the project manager. Peer discussion with the GM Cancer Workforce and Education team helped to ratify scores allocated and to discuss mitigation planning. The original project risk register can be viewed within [Appendix 2](#) and the key risks are discussed as follows:

Risk 3, regarding continued funding for phase 2 of the project was the highest risk and was escalated early to senior colleagues and the funding proposal was prioritised. Following submission of this proposal by Dr Verna Lavender, Gina Madera and Suzanne Lilley, funding from HEE was secured for acute oncology educator/project manager 1.0 WTE to continue until March 2024 and project lead 0.2 WTE from January 2023 until March 2024 for pilot and evaluation phase, so this risk has now been negated.

Fortunately, the impact of industrial action on the project (risk 6) did not materialise within this phase of the project. However, ongoing strike action will continue to be monitored and mitigations planned for the risks anticipated throughout the next phase of the project, this has now been downgraded to a total score of 6 (green), after the impact score was reduced to 2. The rationale for this is that industrial action would have had a greater impact on progress if the scheduled December activities had been affected leading to a time critical impact on the deadline for completion of the initial passport drafts. While it is acknowledged that this still has the potential to affect project activity, there is wider scope to rearranged dates for scheduled stakeholder project activities in January.

The current risk register for phase 1 of the project as updated in December 2022 to submit with the HEE highlight report reflects these changes and can be viewed within [Appendix 3](#)

4.4 Project Rationale

Acute oncology services across the UK play a key role in hospital inpatient care, but increasingly are also required to support urgent care transformation with a focus on admission avoidance and same day emergency care.

There are currently extreme variations in the delivery of acute oncology services across the UK. In cancer centres, there tend to be higher levels of medical engagement, typically from oncologists who have time in their work plan to co-ordinate services and provide expertise. Outside of larger cancer centres there may be limited support for acute oncology services from consultant oncologists, typically

with reliance on specialist oncology nurses with support from more junior medical colleagues to assess patients and deliver acute oncology advice, treatment and care.

The project team proposed the development of the Acute Oncology Competence Assessment Passports for use by all staff who have a role in caring for patients with a potential acute oncology indication; hence the proposal to develop Passports for each of four levels of practice.

It is vital that assessment of knowledge and practice competence is consistent, regardless of where an acute oncology practitioner delivers care or what their role is. Furthermore, to improve the specialist care of patients with an acute oncology indication, it is necessary to facilitate the development of a common language in reference to recognition, management and communication across disciplines and levels of practice.

The Passports aim to assess competence in health care workers at all levels of practice leading to standardised, transferable recognition of their competence in acute oncology appropriate to their role. The provision of a benchmarked set of skills and competencies would increase the mobility of the specialist workforce across departments and organisations and potentially improve the standard of care delivered to patients with an acute oncology indication, particularly in smaller cancer units.

5.0 Outcome Measures

The following project outputs were proposed by UKONS and UKAOS, with input from GMCA. A successful funding proposal was submitted to HEE; the project outputs below were designated as key delivery milestones to measure progress throughout the project.

	Key delivery milestones
1	Create 4 Acute Oncology Passports following a similar structure and methodology to the UKONS SACT Competence Assessment Passport, aligned with levels of practice in UKONS AO knowledge and skills guidance.
2	Lead the National UKONS/UKAOS Standardised Acute Oncology Education, Training and Assessment Working Group.
3	Ongoing stakeholder engagement including subject matter expert consultation for content and peer-review.
4	Identify at least three sites where each version of the Passport implementation could be piloted.

5	Manage communications and social media presence and messaging about the project.
6	Present the outcome of the project at relevant national meetings / education and conference events.
7	Create an end of project evaluation report for this initial phase of the project.

The Gantt Chart within [Appendix 4](#) is a graphic summary of the high-level milestone stages throughout the last 6 months accompanied by a more detailed project plan utilised within the project management methodologies. In terms of performance monitoring, meeting with project colleagues and stakeholders throughout the project assisted with the development of performance reports as discussed in [Section 4.2](#).

5.1 Project Output 1: Passport Development

During Phase 1 of the project, Passport documents were created for the four levels of practice shown in Figure 1. In addition to Passport documents for each level of practice, an accompanying User Guide was created to provide background context on AO services across the UK, how the Passports were developed and by whom, and how use the Passports to assess competence. Alongside the development of the Competence Assessment Passports, Answer Guides were also developed for use by assessors in clinical practice.



Figure 1. Four levels of acute oncology knowledge and skills competence

Educational offerings which map to these levels of practice which learners can access are detailed in Figure 2 overleaf.



Figure 2. Examples of learning aligned to each level of practice which can be undertaken by learners' prior completion of the AO passports. Hyperlinks embedded within the graphic link to the educational offerings listed.

Each passport level will be applicable to a range of staff disciplines. To illustrate the multidisciplinary scope of each level as described within the [UKONS Knowledge and Skills Guidance document](#), the practice level and target audience for learners are described in the table below.

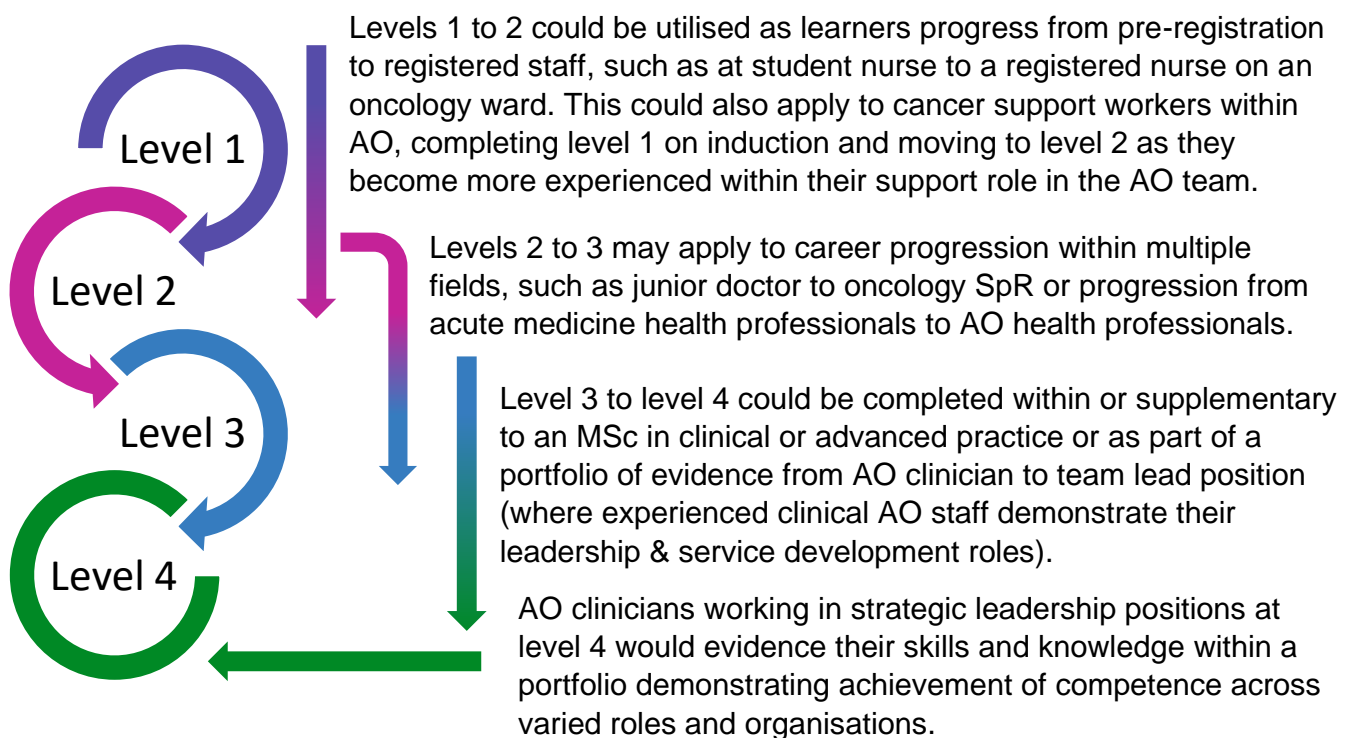
Level of practice	Staff Groups
<p>Level 1 (Basic)</p>	<p>Non-registered staff such as Senior Healthcare Assistants, Cancer Support Workers e.g. Cancer Care Coordinators/Pathway Navigators, Ambulance Patient Carers and Call Handlers. Community/Primary Care Healthcare Support Teams, Pharmacy Technicians/Assistants and administrative personnel who have regular patient contact, such as Medical Secretaries, GP receptionists. Pre-registration students: Nurses, Medical Students and Allied Healthcare Professionals (AHPs). Registered staff working in non-AO specialties, for example: Community/Primary Care Nurses, and Healthcare Support Teams, General Practice Teams, Hospital and Community Allied Health Professionals, Non-oncology Clinical Nurse Specialists, Diagnostic Radiographers and Hospital and Community Pharmacists, all Healthcare Professionals working in non-oncology specialist areas that accept, assess and/or admit acutely unwell patients.</p>
<p>Level 2 (Intermediate)</p>	<p>Registered healthcare professionals working in areas that accept, assess and/or admit acutely unwell patients: Paramedics and Ambulance Clinicians, General Practitioners, acute care AHPs, Oncology/Haematology site-specific Clinical Nurse Specialists, Hospice and Palliative Care Community Teams, Specialist Palliative Care Teams, all Junior Doctors in the hospital, all Specialist Registrars, Speciality Doctors and Consultants in acute and emergency care areas, hospital Consultants other than Oncologists and Haematologists.</p>
<p>Level 3 (Advanced)</p>	<p>Staff with a regular, active participatory role in the provision of Acute Oncology Services: AO Clinical Nurse Specialists and Advanced Clinical Practitioners, Specialist Registrars in Oncology and Haematology, members of the Specialist Palliative Care Team.</p>
<p>Level 4 (Expert)</p>	<p>Staff with a regular, active participatory role in the development, leadership and provision of Acute Oncology Services: AO Nurse Consultants and Advanced Clinical Practitioners, AO Speciality Doctors, Oncology/Haematology Consultants, Palliative Care Consultants.</p>

Learners can complete levels 1-3 as a standalone document to demonstrate their competence in AO knowledge and skills or can progress through the levels throughout their career as applicable. Examples of how learners might utilise multiple passport levels as part of their career progression and professional development are illustrated in Figure 3 below.

Learners are also encouraged to review their answers within the theoretical learning section of the passport when they complete re-accreditation and add depth and additional knowledge to their answers to demonstrate their progression from achieving initial competence to becoming more experienced practitioners.

This opportunity to revisit answers can also be taken if learners move areas to update their knowledge of the AO service within their locality and include organisation specific content.

Figure 3. Progression through levels of competence as examples of supporting staff development within acute oncology.



Evidencing Level 4 knowledge, skills and competence document will differ from the Levels 1 - 3 Passports, instead being formatted as a portfolio of evidence.

The rationale for this divergence from the question-and-answer Passport format of Levels 1 – 3 is that a portfolio enables health professionals practicing in diverse AO roles at a level of expertise to better evidence their knowledge, skills and competence.

5.2 Project Output 2: National AO Education Group Leadership

The National AO Education Group meets on alternative months as a forum to discuss AO educational projects. The overarching aim of the group is to align acute oncology multidisciplinary team (MDT) education across the four nations to the UK Oncology Nursing Society Acute Oncology Knowledge and Skills Guidelines. The group's core commitments closely align to the support of this project as follows:

1. Provide a forum for key acute oncology education stakeholders
2. Map MDT acute oncology learning opportunities to the UKONS Acute Oncology Knowledge and Skills Framework
3. Develop standardised, nationally agreed, acute oncology competence assessment passports
4. Align nursing and AHP acute oncology education to the HEE ACCEND programme
5. Identify the need for financial resources and bid for funding to support activity of the group
6. Share learning and assessment resources with UKONS, UKAOS and HEE to support and improve access to AO education nationally
7. Support testing and evaluation of outputs from the group.

As part of the leadership responsibilities of the group, the project manager works closely with Dr Verna Lavender and with her support, co-chairs the meeting. Other responsibilities include updating the meeting notes and action log, organising meetings and agenda items in addition to managing any additional group communications.

The current membership at time of writing is 81 AO clinicians working across the four nations of the UK. Although the group is predominantly nurses, as reflected from the AO workforce, there is MDT representation from physiotherapy, radiography, pharmacy and paramedic colleagues in addition to medics at various levels of practice. The Group Terms of Reference ([Appendix 1](#)) are reviewed on a regular basis and multidisciplinary representation within the group is continually sought.

5.3 Project Output 3: Stakeholder Engagement

The National AO Education Group was identified as a key platform to engage with stakeholders, as project inception and initial funding proposals were initiated by this group in collaboration with key members. Over the six months of Phase 1 of the project, there have been three meetings of the national group on alternate months to the project stakeholder workshops.

Volunteers to participate in the stakeholder workshops were initially recruited from members of the National AO Education Group. Invitations to the stakeholder workshops expanded to include other volunteers, via snowballing to associates of the initial volunteer group, members of the UKONS Acute Oncology Members Interest Group and from links to the project manager via their previous clinical role at The Christie NHS FT. The volunteers' primary roles were to review content developed by the project manager, primarily the passport questions and model answers but these discussions also included suggesting additional topics, recommending assessment processes and a review of overall structure and style of the documents.

In between these monthly group discussions there has been regular email correspondence to provide key updates and maintain engagement with stakeholders.

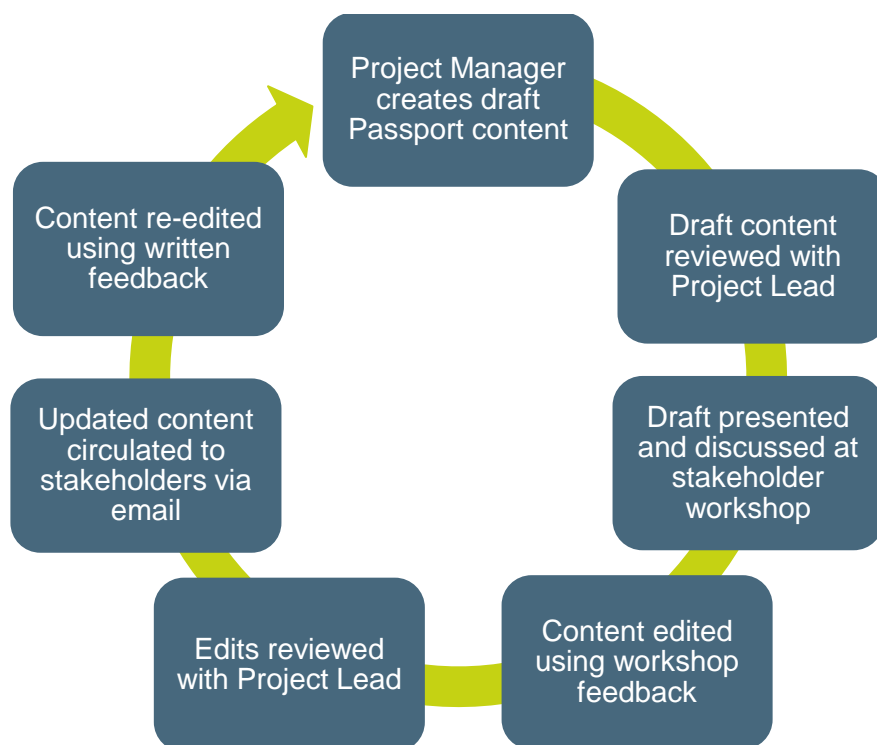


Figure 4. Illustrating the cyclical co-production process undertaken during the reiterative development of the Passport documents.

5.4 Project Output 4: Pilot Site Identification

Fourteen potential pilot sites have been identified following an initial expression of interest. This includes both acute hospitals and cancer centres with some mixed sites. All four nations of the UK are represented within this sample group and the sites span a range of areas to capture regional differences in practice.

Within each site we will be able to collect a mixture of data as outlined in [Appendix 5](#) from multidisciplinary roles across the four levels of practice. This will allow evaluation of the validity, acceptability, applicability and usability of the passports in a variety of clinical practice settings.

A proposed offer from Macmillan Cancer Support for Level 1 Passport dissemination is in discussion. We will be discussing digitalisation of the Level 1 Passport, which has been proposed as a fully funded offer from Macmillan Cancer Support. Macmillan Cancer Support have also offered to support the development of train the trainer resources for assessors and to facilitate implementation in primary care settings. Time has been scheduled to review this in January 2023 with Macmillan Cancer Support as part of phase 2 project activity.

5.5 Project Output 5: Project Communications

Communications relating to project reporting and governance are outlined in [Section 4.2](#). A significant part of the project communication was as part of the leadership of the National AO Education Group; this included stakeholder engagement and draft review processes as outlined within sections [5.2](#) and [5.3](#) respectively.

Additional key stakeholder communications were undertaken to supplement these outputs as follows:

- The AO Clinical Nurse Specialist Subgroup within the GMCA AO Pathway Board was provided with a presentation to update on the project and seek pilot site representation within the GM cancer network.
- UKONS SACT and Research Members Interest Groups have been consulted for input and support re: pilot and implementation. This will help support the goals of the pilot with research-based volunteers to help peer review data collection tools and to ensure the AO passports are responsive to feedback and can learn from and reference the pioneering model of oncology education in the UKONS SACT Competence Assessment Passport project.
- UKONS Radiotherapy Members Interest Group has also requested a project presentation. This will increase the profile of the AO Passports and also explore transferability of the model of developing competence assessment Passports from SACT to AO into other specialties, with a view to the Radiotherapy Members Interest Group proposing a Radiotherapy Competence Assessment.

- Social media updates on Twitter provided project updates via the GM Education and Workforce page, which lead to an increased awareness of the project across oncology and education networks and an acute oncology speaking opportunity within Cheshire.

5.6 Project Output 6: Conference Presentations

Phase 1 project updates were presented at the UKONS 2022 conference in Belfast as a poster presentation, shown in [Appendix 6](#). This offered the opportunity to meet with stakeholders in person to discuss the project and to network with a wider group of oncology nurses from across the UK, both in AO and other specialities to discuss the applicability of the AO educational passports to their roles.

The project was also presented as a poster at the Greater Manchester Cancer Conference as part of the Cancer Alliance showcase of current projects. This allowed for networking with multidisciplinary colleagues within the Greater Manchester Cancer Network, including colleagues from the proposed pilot site within Greater Manchester.

Following social media communications regarding the project, the project manager was contacted by a practice educator with the Cheshire End of Life Partnership to deliver a lecture at their annual acute oncology study day. The lecture content included an overview of the passport project and the SACT toxicities, applying the UKONS triage and initial management tools as part of the assessment of a patient with an oncological emergency.

In addition to delivering an educational session to the non-medical workforce, this opportunity provided the chance to promote the project a wider audience and discuss the role of standardisation tools within AO education and adjacent oncology specialities.

6.0 Discussion

Through high-level national engagement and co-production with key subject matter experts, Phase 1 of the project has achieved the planned outcomes, as described in [Section 5.0](#), including the creation of Competence Assessment Passports for each of the four levels of practice. In addition, a User Guide and Answer Guides have been created.

The project has built on the successes of the UKONS SACT Competence Assessment Passport. We have learned from the conduct and delivery of the UKONS SACT Competence Assessment Passport project that key to the overall success of this project is the need to implement and evaluate the impact of the novel AO Competence Assessment Passports in practice.

We plan to initially implement the Passports by conducting a pilot study and in-depth evaluation at nominated pilot sites – who have already volunteered as pilot sites.

To ensure sustainability of this work and inform future project activity and sharing of good practice, successes, and challenges of Phase 1 of the project are reflected below.

6.1 Project Successes

- Funding from HEE for acute oncology educator/project manager 1.0 WTE to continue until March 2024 and project lead 0.2 WTE from January 2023 until March 2024 for pilot and evaluation phase.
- Raised project profile at UKONS. This project has garnered interest in applicable projects to promote the continued transferability of the UKONS SACT passport. Updates on the AO Passport project have been disseminated to the UKONS Radiotherapy Members Interest Group who were keen to learn about the process of developing a competence assessment framework and documentation and establishing a four-nations stakeholder group for co-production. Best practice and experience from this project have also been shared with the national rapid diagnostics community of practice, who wish to develop similar competence assessment documentation for staff who work with patients with vague symptoms.
- Having a project manager with a clinical background has expedited the development process, but stakeholder co-production is essential to ensure validity, engagement and ownership with the AO multidisciplinary workforce and key stakeholder organisations nationally.
- Finally, the project has supported the development of a clinical practitioner into the role of a project manager of a national project.

6.2 Project Challenges

- Co-production of four complex and lengthy documents within limited timescale.
- Senior project leadership and project manager support was provided by Dr Verna Lavender in an unsalaried role- now resolved with successful funding application to HEE for 0.2 WTE project lead support.
- Stakeholder engagement and co-production were subject to clinical workload pressures- on occasion volunteers were unable to attend workshops if required to cover clinical services at short notice. For example, due to colleague sickness, team vacancies and overall increase in emergency presentations of cancer adding to the AO service workload across localities in conjunction with wider NHS pressures post COVID recovery. A supportive and invested stakeholder group helped to mitigate this through wide membership and participation ensuring workshops could still continue despite absences. Individual volunteers were highly committed to the project, providing offline feedback retrospectively when unable to attend meetings and workshops. The project manager ensured that deadlines to respond with written feedback gave sufficient time for respondents to complete this in balance with clinical commitments.

7.0 Phase 2

From January 2023 the pilot phase of the project will commence to implement and evaluate the four co-designed, peer-reviewed, interdisciplinary Acute Oncology Passport documents for staff working at practice Levels 1 – 4. This will occur across a minimum of three cancer centres; three district general hospitals with cancer units; and two primary care sites nationally. The Passports will be applicable to multidisciplinary staff across care settings and specialisms, providing standardised assessment around recognition, assessment and managing acute presentations of oncological emergencies to the wider cancer workforce, not just AO specific roles. For example, primary care, emergency services and acute care. This will be reflected within the pilot- collecting representative data from a variety of different implementation sites.

Key project milestones and expected timeline for phase 2 are as follows:

1. Confirming pilot sites – December 2022 – March 2023
2. Pilot site initiation and set up – April 2023 – June 2023
3. Implementation – from July 2023
4. Evaluation data collection – from September 2023
5. Analysis and reporting – January 2024 – March 2024

8.0 Conclusion

The initial phase of the Acute Oncology Competence Assessment Passports project has been successful and met the proposed outcomes. The next phase of the project will complete the production of the Passports and answer guides, in addition to piloting and evaluating of these documents. The second phase of the project will ensure the validity, acceptability, applicability and usability in clinical practice.

9.0 Appendices

Appendix 1: National AO Education Group Terms of Reference

National Acute Oncology Education Group

Terms of Reference

Purpose

The National Acute Oncology Education Group aims to align acute oncology multidisciplinary (MDT) education across the four nations to the UK Oncology Nursing Society Acute Oncology Knowledge and Skills Guidelines.

Role

The group will:

1. Provide a forum for key acute oncology education stakeholders
2. Map MDT acute oncology learning opportunities to the UKONS Acute Oncology Knowledge and Skills Framework
3. Develop standardised, nationally agreed, acute oncology competence assessment passports
4. Align nursing and AHP acute oncology education to the HEE ACCEND programme
5. Identify the need for financial resources and bid for funding to support activity of the group
6. Share learning and assessment resources with UKONS, UKAOS and HEE to support and improve access to AO education nationally
7. Support testing and evaluation of outputs from the group.

Reporting responsibility

Members of the group to report back to their own organisations.

Membership

Chair: Dr Verna Lavender

Secretary and Project Manager: Gina Williams

Core membership:

Suzanne Lilley, GMCA

Mark Foulkes, UKONS

Philippa Jones, UKAOS

Ernie Marshall, UKAOS

Ruth Board, UKAOS

Donna Munro, Macmillan Cancer Support

Amy Vercell, GMCA

Michael Flynn, Guy's Cancer

Naomi Clatworthy, UKONS and UKAOS

Ali Hodge, UKONS AOS MIG

Ann Maloney, UKONS AOS MIG

Emma Earnshaw, UKONS AOS MIG

Joseph Williams, BOPA

Sara Harris, NWAS



Health Education England

Membership will include representation from:
Professional groups involved in AO service delivery
Four nations' representation

Declaration of Interests:

Adhering to the NHS Code of Accountability and the Nolan Principles of Public Life members will ensure that potential conflicts of interest are identified, declared and managed appropriately. Conflicts of Interest will be noted.

Frequency of meetings:

Meetings will be held alternate monthly for the next six months then frequency reviewed.

Supported by:

Greater Manchester Cancer Alliance

Agenda, papers and minutes:

Agendas and papers will be circulated at least five working days prior to the Group meetings. Actions from each meeting will be circulated within five working days of each meeting.

Review of Terms of Reference:

ToR will be reviewed and updated after six months to ensure the arrangements are fit for purpose.



Health Education England

Appendix 2: Original Project Risk Register

	Delivery Risks / Issues	Likelihood	Impact	Score	Owner	Mitigation(s)
1	IF the programme activities are not assessed using the agreed EIA process, THEN the project could be delivered in a way which discriminates against the 'protected characteristic' groups.	1	2	2	GM	Undertake the necessary Equality Impact Assessment, and deliver mitigations identified, therefore minimising risk through project design and delivery.
2	IF there is no dedicated resource DUE to sickness, THEN the performance of the project could lead to a point of failure.	3	3	9	GM	Liaise with 4 Nations stakeholders and GMCA senior colleagues for guidance and peer/line manager support to prevent likelihood of work-related absence and to work through contingency plans in the event of unavoidable absence due to ill health.
3	<i>(Resolved- September 2022)</i> IF there is no programme management funding, DUE to no continuation of external funds, THEN any additional spokes from the original project of best practice may not be successfully achieved.	4	4	16	GM	<i>Current post holder in process of applying for future funding for second phase of the project (evaluation of the AO Passports and widespread implementation across further pilot sites). Liaison with 4 Nations stakeholders and GM Cancer Alliance senior colleagues for guidance and support throughout this process.</i>



Health Education England

4	<p>IF the project fails to provide sufficient information and evidence of evaluation to allow stakeholders to make an informed decision regarding the project, THEN the project may not continue beyond the period covered by funding.</p>	3	3	9	GM	<p>Ensure full evaluation of the project, with clear outcomes and measurable benefits, and engagement of appropriate stakeholders from the outset, thus providing sufficient information and assurance to enable informed decision to be taken.</p>
5	<p>IF members of AO education working group who have volunteered to contribute or review the project are no longer able to do so THEN the project may not be completed within the timeframe.</p>	3	4	12	GM	<p>Opened invite to wider membership of the AO Education working group and we will project manage this with agreed milestones ahead of deadlines. Prioritise creating the passports in the order of levels of practice from 1-4.</p>
6	<p>IF RCN strike action at approved sites coincides with planned project workshop dates, THEN the project may be delayed if these meetings need to be rescheduled.</p>	3	3	9	GM	<p>Project Manager to remain up to date with proposed strike ballot news and review scheduled meeting dates accordingly.</p>



Appendix 3: Current Risk Register from HEE Report- December 2022

Risks and Issues

Workstream Delivery Rating



Reporting month		Workstream lead				
December 2022		Verna Lavender / Phillipa Jones / Gina Williams				
Type	Delivery Risks / Issues	Likelihood	Impact	Score	Owner	Mitigation(s)
	IF the programme activities are not assessed using the agreed EIA process, THEN the project could be delivered in a way which discriminates against the 'protected characteristic' groups.	1	2	2	GM	Undertake the necessary Equality Impact Assessment, and deliver mitigations identified, therefore minimising risk through project design and delivery
	IF there is no dedicated resource DUE to sickness, THEN the performance of the project could lead to a point of failure.	3	3	9	GM	Liaison with 4 Nations stakeholders and GM Cancer Alliance senior colleagues for guidance and peer/line manager support to prevent likelihood of work related absence and to work through contingency plans in the event of unavoidable absence due to ill health.
	IF the project fails to provide sufficient information and evidence of evaluation to allow stakeholders to make an informed decision regard the project, THEN the project may not continue beyond the period covered by funding.	3	3	9	GM	Ensure full evaluation of the project, with clear outcomes and measurable benefits, and engagement of appropriate stakeholders from the outset, thus providing sufficient information and assurance to enable informed decisions to be taken.
	IF members of AO education working group who have volunteered to contribute or review the project are no longer able to do so THEN project may not be completed within the timeframe.	3	4	12	GM	Opened invite to wider membership of the AO Education working group we will project manage this with agreed milestones ahead of deadlines. Prioritise creating the passports in the order of levels of practice from 1
	IF RCN strike action at approved sites coincides with planned project workshop dates THEN the project may be delayed if these meetings need to be rescheduled.	3	2	6	GM	To date, no industrial action dates have coincided with project workshop this risk has now been downgraded to a lower impact now the workshop and initial documents have been developed. Project Manager to remain up to date with proposed strike ballot news and review scheduled meeting dates accordingly for phase 2 in January.

Likelihood:	1	2	3	4	5
5 - Almost certain	5	10	15	20	25
4 - Likely	4	8	12	16	20
3 - Possible	3	6	9	12	15
2 - Unlikely	2	4	6	8	10
1 - Very Low	1	2	3	4	5
Impact:	1	2	3	4	5
	Negligible	Minor	Moderate	Major	Catastrophic

Points for escalation to Operational Delivery Group
None at this time.

Appendix 4: Project GANTT chart

June	July	August	September	October	November	December	January	
Key dates: PM induction		PM unavailability	AO Ed Group	AO PWB	EOLP event	GMCC22	UKONS	AO Ed Group
Intro to stakeholders at June AO Ed group	Project planning & early drafts of Levels 1 & 2							
			HEE funding proposal for pilot & evaluation stage					
			Level 1 review workshop & consultation					
				Level 2 review & consultation				
				Level 3 draft review and reiterative updates				
					Level 4 discussion & feedback into plan			
					User guide, assessment & reaccreditation details			
						Referencing & proofreading all levels		
						Level 4 draft outline		
						Formatting, final edits, artwork & printing		
						Pilot & evaluation planning		
Key stakeholder events:			L1 workshop	L2 workshop	L3 workshop			L4 SME group

Appendix 5: Proposed phase 2 evaluation objectives

Project evaluation objective	Method	Data analysis	Report format
1A Collect data from staff regarding the educational quality of the passport documents	Conduct an online survey including questionnaire items structured with Likert scale rating and free text responses. Use the ACCEND programme capability framework relevant to AO practice to inform generation of questionnaire items.	Description summary and proportional statistical analysis of quantitative data. Content analysis of free-text comments.	Staff Survey report
1B Collect data from staff regarding the appropriateness of the passport documents			Local GMCA reports
1C Collect data from staff regarding the acceptability of the passport documents			HEE highlight reports
1D Collect data from staff regarding the accessibility and uptake of the passport documents			Report updates to national AO education group
2 Collect data from staff about their perceived confidence and competence in managing a patient with an acute oncology indication (appropriate to their level of practice), pre and post successful completion of the passport.	Conduct an online survey including questionnaire items structured with Likert scale rating perceived confidence and competence.	Comparative statistical analysis between data collected before and after completion of the passport	Report updates to UKONS board Report updates to UKAOS board
3 Review COSD datasets relating to AO service performance nationally in comparison with the pilot sites	Clinical data from pilot sites (Acute Oncology Quality Indicators)	Extract published COSD data and filter into datasets to be compared. Compare AO performance data summaries between the pilot	Pre and post review of COSD dataset relating to AO Workshop findings report Present to the ACCEND programme steering group Final project report

			sites and non-pilot sites.	Relevant professional conferences and journal publications
4	Consult with key stakeholders (patients, clinical staff, managers, educators and commissioners) through project evaluation workshops to ensure the project findings resonate with their own experience and appropriate policy recommendations are made	Video and audio record stakeholder workshops, which will be facilitated by cancer academics and professionals with experience in managing stakeholder workshops and focus groups.	Workshop transcripts will be analysed using thematic and/or content analysis to identify key findings. Policy recommendations will be co-produced with workshop participants based on project findings.	

Appendix 6: UKONS Conference poster

National Acute Oncology Competency Passports

Gina Madera

GMCA Acute Oncology Education Project Manager

Verna Lavender

Head of Guy's Cancer Academy, UKONS past president

Philippa Jones

UK Acute Oncology Society

Suzanne Lilley

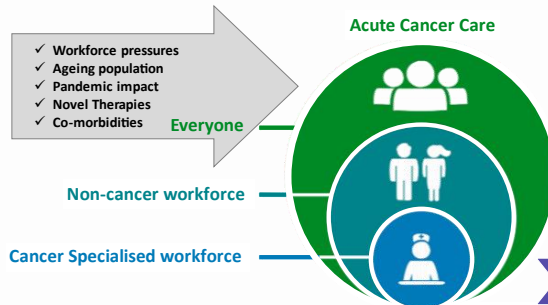
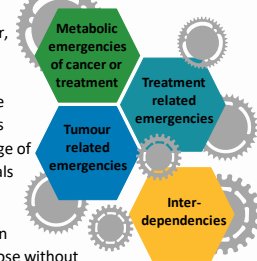
GMCA Workforce & Education Programme Director

Background

National acute oncology education aligning to the UKONS AO Knowledge & Skills Guidance (2018) exists; however standardised competence assessment documents are yet to be created. Following successes of the UKONS SACT Passport (UKONS, 2017), this project will develop Acute Oncology Competence Assessment Passports with a similar structure and underlying methodology. There will be four versions corresponding to specific levels of practice; (Benner, 1984), which will be piloted across the four nations with a multidisciplinary scope.

AO emergencies are often interlinked, and a variety of factors are creating increasingly complex patient groups. Acute Oncology Services have therefore never been more important in reducing risk through prompt recognition of red flags and initial management of emergency presentations to improve patient outcomes. The passports, by spanning a range of roles and disciplines, aim to contribute to developing a knowledgeable and skilled workforce for all health professionals that treat and care for patients with an acute oncology indication.

Classification of Acute Oncology Emergencies:



As oncology patients presenting as an emergency are at higher risk than those without a cancer diagnosis, it is important to ensure that robust competencies are in place across acute and cancer services to optimise outcomes for patients with cancer.

Patients have interactions with many different individuals throughout their treatment journey, so it is important to recognise that **acute oncology knowledge and skills are relevant to everyone's role** to make every contact count.

Examples of some of the factors adding to the complexities of acute cancer care and the overlapping roles involved in the care of AO patients.



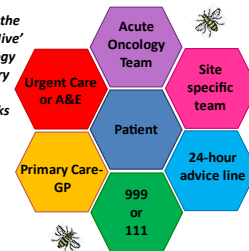
Levels of practice within the UKONS Acute Oncology Knowledge & Skills Guidance

Aims

The project aims to contribute to developing a knowledgeable and skilled workforce for all health professionals that treat and care for patients with an acute oncology indication to ensure that cancer services are fit for purpose and optimise outcomes for patients with cancer. Linking to the ACCEND framework goals (Potter & Taylor, 2022) to provide transformational reform within the cancer workforce, the project will:

- Deliver multi-disciplinary education across the four nations
- Improve patient safety by raising awareness of cancer-related emergencies
- Enhance communication & collaboration throughout patient pathways

Patient care at the centre of the 'Hive' of acute oncology multidisciplinary working across service networks



Level 1 Macmillan virtual classroom & e-learning introduction to Acute Oncology

Level 2 Guy's Cancer Academy open access e-learning funded by SELCA HEE

Level 3 Accredited e-learning module, E.g. Guy's Cancer Academy/ King's College London BSc/MSc module

Level 4 Macmillan work-based learning (EWBL) MSc Module

Methodology & initial outcomes



Stages of the Kirkpatrick model used to evaluate educational training programmes

Reiterative feedback from stakeholders will guide the passport development. Pilot sites will be identified across a range of working environments involved in the care of AO patients to gather a wide range of MDT feedback. Evaluation will be framed within the Kirkpatrick Model.

This project will provide cohesive and standardised competence assessment documents to evidence acute oncology skills and knowledge across four levels of multidisciplinary practice. Results will be reported following the pilot of these novel competence assessment documents.

Following the completion of the level 1 stakeholder group the draft was reviewed and multidisciplinary and four nations representation ensured relevance to target scope. Draft amendments were made following the stakeholder workshop with a focus on both the question style and content and confirming applicability to all staff groups working within level 1 roles.

The feedback method was discussed, and participants felt active discussion brought more benefits to thorough content review than via email correspondence. The group consensus was to continue with the workshop format for further scheduled reviews.

References:

10.0 References

Benner P (1984) *From Novice to Expert, Excellence and Power in Clinical Nursing Practice*. Menlo-Park: Addison Wesley Publishing Company.

Kirkpatrick, D. L. (1994). *Evaluating Training Programs - The Four Levels*. San Francisco, CA: Berrett-Koehler Publishers, Inc.

Potter, L., Taylor, V. (2022) Securing future cancer care. *British Journal of Nursing*. 31(5): S3

UK Oncology Nursing Society (2019) *Systemic Anti-cancer Therapy (SACT) Competence Passport: Oral, intravenous, subcutaneous and intramuscular SACT administration for adult patients*. Available Online: [J4699_UKONS_SACT_Passport.indd](#) [Accessed on: 21st July 2022]

UK Oncology Nursing Society (2019) *UKONS Acute Oncology Initial Management Guidelines*. Version 3.0. Available Online: [UKONS | Acute Oncology Initial Management Guidelines \(sundownsolutions.co.uk\)](#) [Accessed on: 21st July 2022].

UK Oncology Nursing Society and Macmillan Cancer Support (2017) *Oncology/Haematology Advice Line Triage Tool. Version 2*. Available Online: [triage_tool_poster.pdf \(ukons.org\)](#) [Accessed on: 21st July 2022].

UK Oncology Nursing Society and Macmillan Cancer Support (2018) *Acute Oncology Knowledge and Skills Guidance*. Version 1. Available Online: [ukon1905_skills_framework_-_updated_changes_18_07_19.pdf \(ukons.org\)](#) [Accessed on: 21st July 2022].