



NCCP Guidance for the assessment of competency for the provision of intrathecal chemotherapy

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1	November 2015	Initial Document	NCCP Oncology Medication Safety Review Implementation Steering Committee
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1. Introduction

This document should be read in conjunction with the NCCP Oncology Medication Safety Review¹. The Intrathecal Chemotherapy (ITC) Project Board has produced the following documents which should be read in conjunction with this document:

- Guidance on the Safe Use of Intrathecal Chemotherapy in the Treatment of Cancer
- Guidance on the Safe Use of Neurotoxic Drugs (including Vinca Alkaloids)
- NCCP Criteria for Acting as an Assessor of Competence - Intrathecal Chemotherapy

The sections that follow set out the recommended competencies for medical doctors, advanced nurse practitioners, nurses and pharmacists involved in the provision of intrathecal chemotherapy services.

2. Requirements relating to all disciplines

- 2.1. All units providing intrathecal chemotherapy treatment must introduce and maintain a register of designated personnel who have been trained and certified competent to prescribe, check and administer intrathecal chemotherapy (“the Register”). Individuals placed on the register must have demonstrated that they are competent to fulfil their designated role and have been certified as such.
- 2.2. All staff must be trained, deemed competent and entered on the register before any task related to ITC is undertaken. Under no circumstances may a person not entered on the register perform any task related to ITC.

¹ Available: www.hse.ie/nccponcsafetyreview

- 2.3. All staff on the register must be re-accredited every two years or annually where less than five ITC competent procedures are performed.
- 2.4. Ensure patient is informed of procedure and written consent is obtained in line with national guidelines for informed consent for chemotherapy, for both adults and children.
- 2.5. A patient assessment is carried out prior to the procedure and the patient must be deemed fit for ITC. Ensure any necessary blood results are available prior to procedure e.g. platelet count, coagulation screen.
- 2.6. Ensure drug is checked at the bedside in front of patient with doctor or ANP administering the drug and nurse assisting: check chemotherapy protocol, drug, dose, administration date, expiry date, patient name, patient ID number. Both the doctor/ANP and the nurse must sign the chemotherapy prescription following administration.
- 2.7. Ensure the patient is given the opportunity to check the details, if appropriate, as set out in Appendix 8 of the NCCP Guidance on the Safe Use of Intrathecal Chemotherapy in the Treatment of Cancer.
- 2.8. All staff should read and understand the following documents, as appropriate:
 - The hospital's and department's policies on the safe provision of intrathecal chemotherapy and others as deemed relevant.
 - NCCP Oncology Medication Safety review
 - NCCP Guidance on the Safe Use of Intrathecal Chemotherapy in the Treatment of Cancer
 - NCCP Guidance on the safe use of neurotoxins in the treatment of cancer
 - Using Vinca Alkaloid minibags (Adult/Adolescent Units) Rapid Response Report NPSA/2008/RRR04 (United Kingdom)

3. Medical Doctors

- 3.1. All medical practitioners² wishing to be included on the register of competent personnel for the provision of ITC must fulfil the requirements set out in Section 2 above and the following requirements.
- a) Must be on the ITC Register before performing any activity relating to ITC.
 - b) Read and understand the institutional intrathecal chemotherapy policy and national Guidance on the Safe Use of Intrathecal Chemotherapy in the Treatment of Cancer.
 - c) Be aware of the risks of intrathecal chemotherapy including the fatal consequences when intravenous neurotoxins (e.g. vinca alkaloids and proteasome inhibitors) have been mistakenly administered via the intrathecal route.
 - d) Demonstrate competence in the following areas under the direct supervision of the consultant³ who is assessing competence:
 - Ensuring that the chemotherapy is prescribed correctly.
 - Correct patient identification.
 - Ensuring that the patient's coagulation profile and platelet count are satisfactory.
 - Checking the chemotherapy with an authorised person prior to administration.
 - Technical ability to perform lumbar puncture and administration of intrathecal chemotherapy under aseptic conditions
 - Reassure patient throughout procedure.
 - If during any part of the procedure the doctor, nurse or patient has any concerns or questions the doctor may stop

² Including any practitioners who have recently been on an intrathecal register in another institution.

³ The supervising consultant should specify the number of procedures that will be supervised, particularly in the case of staff not recently on an intrathecal register in another institution.

the procedure, if safe to do so, and seek appropriate advice e.g. medical/pharmacy.

- Safe disposal of procedural materials according to hospital policy
- Documentation of the procedure in the patient's medical chart

e) Is aware of action to be taken in the event of a near miss/incident or serious adverse event.

3.2 The certificate of procedural competence must be renewed every two years or annually where less than five ITC competent procedures are performed in a year. Such renewal requires the demonstration of the above competencies to the satisfaction of the supervising consultant, and must be documented on the certificate of competence, and the intrathecal register. Hospitals should take into account the timing of the changeover of NCHDs when scheduling training and competency assessments.

Medical Doctor Assessment of Competence to prescribe or administer ITC

Name of doctor being assessed:
Grade of doctor being assessed:

To be completed as an initial assessment and be reviewed every two years or annually where less than five ITC competent procedures are performed in a calendar year.

**To be assessed by the supervising Consultant Medical Oncologist or
Haematologist / Consultant Paediatric Oncologist or Paediatric Haematologist**

No	Competency Criteria	Attained	Deferred
1.	Read and understand the institutional intrathecal chemotherapy policy, and national guidance, particularly NCCP Guidance on the Safe Use of Intrathecal Chemotherapy in the Treatment of Cancer and NCCP Guidance on the Safe Use of Neurotoxic Drugs (including Vinca Alkaloids).		
2	Understands and can access the ITC Register		
3	Be aware of the risks of intrathecal chemotherapy including the fatal consequences of intrathecal neurotoxin administration.		
4	Demonstrate competence in the following areas under the direct supervision of the consultant assessing competence:		
4a	Ensuring that the chemotherapy is prescribed correctly and for the correct patient.		
4b	Ensuring that the patient is informed of the procedure and informed written consent is obtained.		
4c	Correct patient identification.		
4d	Ensuring that the patient assessment is carried out prior to the procedure and the patient is deemed fit for ITC. Ensure that the patient's coagulation profile and platelet count are satisfactory.		
4e	Checking the chemotherapy with an authorised person prior to administration.		
4f	Ensuring that the patient is given the opportunity to check the details, if appropriate.		
4g	Technical ability to perform lumbar puncture and administration of		

	intrathecal chemotherapy under aseptic conditions		
4h	Reassure the patient throughout the procedure. If during any part of the procedure the doctor, nurse or patient has any concerns or questions the doctor may stop the procedure, if safe to do so, and seek appropriate advice e.g. medical/pharmacy.		
4i	Safe disposal of procedural materials according to hospital policy		
4j	Documentation of the procedure in the patient's medical chart		
5	Is aware of action to be taken in the event of a near miss/incident or serious adverse event		

Further Comments and Recommendations:

Signature of Assessor;	Print Name:	Date signed:
Signature of Doctor being assessed:	Print Name:	Date signed:

4. Advanced Nurse Practitioners

- 4.1. All advanced nurse practitioners⁴ wishing to be included on the register of competent personnel for the provision of ITC must fulfil the requirements set out in Section 2 above and the following requirements.
- a) Must be on the ITC Register before performing any activity relating to ITC.
 - b) Read and understand the institutional intrathecal chemotherapy policy and national Guidance on the Safe Use of Intrathecal Chemotherapy in the Treatment of Cancer.
 - c) Be aware of the risks of intrathecal chemotherapy including the fatal consequences when intravenous neurotoxins (e.g. vinca alkaloids and proteasome inhibitors) have been mistakenly administered via the intrathecal route.
 - d) Attend local chemotherapy administration study day and complete chemotherapy work book.
 - e) Ensure the intrathecal chemotherapy is delivered separately from other chemotherapy drugs. In the paediatric setting where ITC is administered in theatre under general anaesthetic the nurse transferring the patient to theatre will bring the ITC for that patient to the theatre in a closed hard box labelled “cytotoxic medication for intrathecal use”.
 - f) Reassure patient throughout procedure.
 - g) If during any part of the procedure the ANP or patient has any concerns or questions, the ANP should stop the procedure, if safe to do so, and seek appropriate advice e.g. medical/pharmacy.
 - h) Demonstrate competence in the following areas under the direct supervision of the ANP/consultant⁵ who is assessing competence:

⁴ Including any ANPs who have recently been on an intrathecal register in another institution.

⁵ The supervising ANP/consultant should specify the number of procedures that will be supervised, particularly in the case of staff not recently on an intrathecal register in another institution.

- Correct patient identification.
- Ensuring that the patient's coagulation profile and platelet count are satisfactory.
- Checking the chemotherapy with an authorised person prior to administration.
- Technical ability to perform lumbar puncture and administration of intrathecal chemotherapy under aseptic conditions.
- Safe disposal of procedural materials according to hospital policy.
- Documentation of the procedure in the patient's medical chart.

i) Is aware of action to be taken in the event of a near miss/incident or serious adverse event

4.2. The certificate of procedural competence must be renewed every two years or annually where less than five ITC competent procedures are performed in a year. Such renewal requires the demonstration of the above competencies to the satisfaction of the supervising consultant/ANP, and must be documented on the certificate of competence, and the intrathecal register.

ANP Assessment of Competence to prescribe or administer ITC

Name of ANP being assessed:
Grade of ANP being assessed:

To be completed as an initial assessment and be reviewed every two years or annually where less than five ITC competent procedures are performed in a calendar year.

To be assessed by the supervising Consultant Medical Oncologist or Haematologist / Consultant Paediatric Oncologist or Paediatric Haematologist or assessing ANP.

No	Competency Criteria	Attained	Deferred
1.	Read and understand the institutional intrathecal chemotherapy policy, and national guidance, particularly NCCP Guidance on the Safe Use of Intrathecal Chemotherapy in the Treatment of Cancer and NCCP Guidance on the Safe Use of Neurotoxic Drugs (including Vinca Alkaloids).		
2	Understands and can access the ITC Register		
3	Be aware of the risks of intrathecal chemotherapy including the fatal consequences of intrathecal neurotoxin administration.		
4	Attend local chemotherapy administration study day and complete chemotherapy work book.		
5	Ensure the intrathecal chemotherapy is delivered separately from other chemotherapy drugs. In the paediatric setting where ITC is administered in theatre under GA the nurse transferring the patient to theatre will bring the ITC for that patient to the theatre in a closed hard box labelled "cytotoxic medication".		
6	Reassure patient throughout procedure.		
7	If during any part of the procedure the ANP has any concerns or questions, the ANP should stop the procedure, if safe to do so, and seek appropriate advice e.g. medical/pharmacy.		
8	Demonstrate competence in the following areas under the direct supervision of the consultant assessing competence:		
8a	Correct patient identification.		

8b	Ensuring that the patient's coagulation profile and platelet count are satisfactory.		
8c	Checking the chemotherapy with an authorised person prior to administration.		
8d	Technical ability to perform lumbar puncture and administration of intrathecal chemotherapy under aseptic conditions		
8e	Safe disposal of procedural materials according to hospital policy		
8f	Documentation of the procedure in the patient's medical chart		
9	Is aware of action to be taken in the event of a near miss/incident or serious adverse event		

Further Comments and Recommendations:

Signature of Assessor;	Print Name:	Date signed:
Signature of Doctor being assessed:	Print Name:	Date signed:

5. Nurses

- 5.1. All nurses⁶ wishing to be included on the register of competent personnel for the provision of ITC must fulfil the requirements set out in Section 2 above and the following requirements.
- 5.2. Must be on the ITC Register before performing any activity relating to ITC.
- 5.3. Be aware of the risks of intrathecal chemotherapy including the fatal consequences when intravenous neurotoxins (e.g. vinca alkaloids and proteasome inhibitors) have been mistakenly administered via the intrathecal route.
- 5.4. Nurses assisting with intrathecal chemotherapy treatment have to be on the hospital's ITC register. All such nurses are required to have undergone specific training and have read the national "Guidance on the Safe Use of Intrathecal Chemotherapy in the Treatment of Cancer" and the "Chemotherapy Policy" within their unit. They will have attended local chemotherapy administration study day(s) and completed their chemotherapy work book.
- 5.5. Ensure the intrathecal chemotherapy is delivered separately from other chemotherapy drugs. In the paediatric setting where ITC is administered in theatre under general anaesthetic the nurse transferring the patient to theatre will bring the ITC for that patient to the theatre in a closed hard box labelled "cytotoxic medication".
- 5.6. Reassure patient throughout procedure.
- 5.7. If during any part of the procedure the nurse or patient has any concerns or questions the nurse should request the procedure to be

⁶ Including any nurses who have recently been on an intrathecal register in another institution.

stopped, if safe to do so, and seek appropriate advice e.g. medical/pharmacy.

Nursing Assessment of Competence to check, store or collect ITC

Name of nurse being assessed:
Grade of nurse being assessed:

To be completed as an initial assessment and be reviewed every two years or annually where less than five ITC competent procedures are performed in a calendar year.

To be assessed by the supervising Consultant Oncologist/haematologist or supervising Nurse

No	Performance Criteria	Assessment Method	Attained	Deferred
1.	Background reading Read and understand the institutional intrathecal chemotherapy policy, and national guidance, particularly NCCP Guidance on the Safe Use of Intrathecal Chemotherapy in the Treatment of Cancer and NCCP Guidance on the Safe Use of Neurotoxic Drugs (including Vinca Alkaloids). Completed Chemotherapy study Day			
2	Understands and can access the ITC Register			
3	Experience Witnessed intrathecal chemotherapy being administered			
4	Complete questions on cytotoxic chemotherapy			
5	Checking Checks prescription matches protocol and according to Chemotherapy policy			
6.	Checks that all intrathecal chemotherapy correctly labelled			
7.	Knowledge of Cytotoxic drugs Involved Actions and possible side effects/interactions			
8.	Knowledge of appropriate doses			
9.	Checks that intrathecal chemotherapy has been appropriately packaged			
10.	Ensures that intrathecal chemotherapy is collected by an appropriate person			
11.	Ensures that the prescription is signed by the administrator and counter signed by the nurse checker once intrathecal			

	chemotherapy has been administered			
12	Is aware of action to be taken in the event of a near miss/incident or serious adverse event			

Further Comments and Recommendations:

Signature of Assessor;	Print Name:	Date signed:
Signature of Nurse being assessed:	Print Name:	Date signed:

6. Pharmacists

- 6.1. All pharmacists⁷ wishing to be included on the register of competent personnel for the provision of ITC must fulfil the requirements set out in Section 2 above and the following requirements.
- 6.2. Must be on the ITC Register before performing any activity relating to ITC.
- 6.3. Pharmacy staff on the register will have undergone specific training, including but not limited to
 - Undergone local systemic therapy and intrathecal chemotherapy induction and training and has been deemed competent in the relevant areas
 - Be aware of the risks of intrathecal chemotherapy including the fatal consequences when intravenous neurotoxins (e.g. vinca alkaloids and proteasome inhibitors) have been mistakenly administered via the intrathecal route, and how to minimise the risk of error.
 - Demonstrate an understanding of
 - The Intrathecal Chemotherapy Register
 - The procedure for ordering/prescribing, compounding, storing and dispensing/release of intrathecal chemotherapy preparations
 - Who is allowed prescribe and administer intrathecal chemotherapy
 - How intrathecal chemotherapy should be prescribed
 - The measures for risk reduction in place
 - The consequences of incorrect administration of neurotoxins
- 6.4. Complete and sign an assessment of competency.

⁷ Including any pharmacists who have recently been on an intrathecal register in another institution.

Pharmacy Assessment of Competence to Issue, Dispense and Check Intrathecal

Chemotherapy

To be completed as an initial assessment and be reviewed every two years or annually where less than five ITC competent procedures are performed in a calendar year.

To be assessed by the supervising Pharmacist⁸, who is approved to act as an Assessor of Competence⁹

Name of pharmacist being assessed:
Grade of pharmacist being assessed:

To be completed as an initial assessment and be reviewed every two years thereafter

- I have read and understood the “[insert Hospital intrathecal chemotherapy policy reference here](#)”
- I have read the following national and international documents
 - NCCP Oncology Medication Safety review
 - NCCP Guidance on the Safe Use of Intrathecal Chemotherapy in the Treatment of cancer
 - NCCP Guidance on the safe use of Neurotoxic Drugs (including vinca alkaloids) in the treatment of cancer
 - Using Vinca Alkaloid minibags (Adult/Adolescent Units) Rapid Response Report NPSA/2008/RRR04 (United Kingdom)

To be assessed by Oncology Pharmacist:

1	Understands and can access the Intrathecal Chemotherapy Register	
2	Can describe the following procedures for intrathecal chemotherapy	
2a	○ Ordering/prescribing including prescription formats	
2b	○ Compounding	
2c	○ Storing	
2d	○ Dispensing / release to ward/unit	
3	Knows who	

⁸ Refers to the pharmacist supervising the person being assessed

⁹ See NCCP Document “NCCP Criteria for Acting as an Assessor of Competence - Intrathecal Chemotherapy.

3a	○ Can prescribe intrathecal chemotherapy	
3b	○ Can administer intrathecal chemotherapy	
3c	○ Can collect/deliver intrathecal chemotherapy	
4	Can explain the measures for risk reduction in place	
5	Can explain the consequences of incorrect administration of neurotoxins	

Further Comments and Recommendations:

Signature of Assessor;	Print Name:	Date signed:
Signature of Pharmacist being assessed:	Print Name:	Date signed: