

Long term follow up & late effects competency framework; How it all began

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Long term follow up & late effects competency framework.

How it all began

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Tanya Urquhart-Kelly

Acknowledgements: Key contributors – Jan Siddall, Clare Warnock, Diana Greenfield & Susan Mehta.
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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





Graduated 1993 RGN RSCN



**Paediatric & TYA Haematology & Oncology Unit
Sheffield Children's NHS Foundation Trust –
Various Roles**



**Macmillan CNS Late Effects 2002 –
2015/17**



**Lecturer/ Senior Lecturer/ Principal Lecturer
Sheffield Hallam University – Child Nursing**



**Non Medical Prescribing, MSC Care of TYA with
Cancer, PG Dip Healthcare Education, FHEA, PT
PhD Student**



When – 2008 - 2011



**Where – Sheffield → London → UK →
Northern Ireland**



**Why – National Cancer Survivorship Initiative implementation –
People living with and beyond cancer receive the care and support
they require – Workstreams and test site projects.**



How – Multi Step Process

Acknowledgements: Key contributors – Jan Siddall, Clare Warnock, Diana Greenfield & Susan Mehta.

[Richards M, Corner J, Maher J. The National Cancer Survivorship Initiative: new and emerging evidence on the ongoing needs of cancer survivors. Br J Cancer. 2011 Nov 8;105 Suppl 1\(Suppl 1\):S1-4. doi: 10.1038/bjc.2011.416. PMID: 22048027; PMCID: PMC3251952.](#)

Steps in the development of the competency framework

1) Creation of basic framework for Late Effects care from literature search, consultation & project team



2) Pilot the framework with existing CNS in LE



3) Request managers & 7 clinicians views on 'ideal CYP & young adults LE nurse skills and roles'.



4) Request views of existing LE nurses on their current and ideal skills and roles



5) Collation of results and creation of CYP & YA LE competency framework



6) Feedback from managers, clinicians & nurses for further comments & corrections.



7) Users views of the competence framework



8) Final changes



9) NHS Improvement authorisation



10) Royal College of Nursing endorsement

STEP 1) & 2) Creation of basic framework for Late Effects care from literature search, consultation & project team AND Pilot the framework with existing CNS in LE.

Achieved by undertaking a systematic review of the literature on LE, LE services and local & national nursing competency frameworks.

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**12 core nursing roles
identified**

1. Technical knowledge of cancer and its treatment in relation to LE care for CYP

2. Applying technical knowledge to tests and investigations

3. Assessment

4. Care plans and treatment summaries

5. Medication

6. Self management

7. MDT working

8. Information & support

9. Psychological care

10. Research, audit & service evaluation

11. Service development

12. Education

Q's distributed to children's, TYA
& young adult principal treatment
centres

Managers responses N=80

Nurse responses N=36

STEPS 3) & 4) Manager
and nurse views via
structured Questionnaires.

Q 1 asked managers which
roles they deemed
appropriate for a Paeds and
young adult CNS LE.

Q 2 asked LE CNS which
roles they provided and
which they would like to
develop

SKILLS & LEVEL OF RESPONSIBILITY.

**Working under direct
supervision**



**working as an
independent
practitioner**



- 1. Assist clinician with patient assessment**
- 2. Review & assess patients independently and then consult with clinician**
- 3. Independently review and assess patients**

Managers Perceptions

All core roles within the Q were selected by $> 50\%$, suggesting they were appropriate for inclusion in the competency framework

New roles and areas of expertise also suggested –
Transition from childhood to adult services, liaison between community and acute care and service development to include patient partnership/ coproduction.

Where roles had varying degrees of responsibility the managers selected roles with a level of autonomy supported by local policy/ protocols and collaboration with Drs.

Activities associated with working under direction of others were selected less often, including prescribing.

Nurses Perceptions

Interestingly nurses selected a narrower range of roles than the managers, focusing on clinical and patient care.

They also selected roles involving assisting and working as part of a team as opposed to leading on care and consultations, working as an autonomous/ independent practitioner.

Few nurses were engaged in service development, review or education.

WRITING THE COMPETENCY FRAMEWORK – 4 Stages

1 – All roles and skills identified from the questionnaires were collated

2 – Roles and skills grouped into categories based on their content and identified as the core roles

3 – Levels of responsibility were identified for each element in each core role. These were written as competencies

4 – Each of the core roles was placed in the structure of the 4 CNS functions

The 4 key functions of the clinical nurse specialist in cancer care



1 - Using and applying technical knowledge of cancer and treatment to oversee and co-ordinate services, personalise the cancer pathway for individual patients, and meet the complex information and support needs of patients and their families.



2 - Acting as a key accessible professional for the multidisciplinary team, undertaking proactive case management and using clinical acumen to reduce the risks to patients from disease or treatment



3 - Using empathy, knowledge and experience to assess and alleviate the psychosocial suffering of cancer, including referring to other agencies or disciplines as appropriate.



4 - Using technical knowledge and insight from patient experience to lead service redesign to implement improvements and make services responsive to patient need.

Ratifying the content – Feedback from nurses, managers, clinicians and PUSCS

- Is the format using 3 levels of experience, clear and useful?
 - *Competent/ Experienced-Proficient / Expert nurse*
- Are the skills listed correctly for each level of experience?
- Are any areas of practice missing?
- Is there anything you would like to change?
- How do you anticipate using the competency framework?

Another benefit of this framework is the formal recognition/ acknowledgement of 'late effects' as a clinical specialism, which will in turn increase awareness of LE of Rx among other HCP and education establishments/ employers/ social services and so on.....

I think its important for nurses to have frameworks to follow, as this helps to ensure that care is standardised and gives nurses something to refer to. It may also boost confidence.

FINAL STEP – VERIFICATION, AUTHORISATION AND ENDORSEMENT FROM THE RCN.

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The final competency document was
launched at the European
Symposium on Late Complications
after Childhood Cancer (ESLCCC) in
Amsterdam, September 2011.



**How the framework
can be used/ has been
used.**

**Its not just about the
physical consequences
of cancer but also the
unique social and
psychological needs of
this patient group.**



1 – By LE nurses and their managers to develop a clear role outline in LE and follow up care.



2 – For individual performance review PDP/ PDRy, to identify education, training and resources required to help them reach their potential



3 – at local and national level through existing networks such as CCLG and TCT has benefitted patients and their carers by ensuring nurses have the appropriate level of knowledge and skills



4 – It provides a clear insight into the potential roles that can be carried out by nurses working in LE and follow up services.

Summary

Numbers of survivors of cancer are cumulatively increasing year on year

The scope of nurse's roles in LE care continues to grow

Services continue to provide high quality care that meet patients needs

Nurses play a fundamental role in service delivery across all levels of healthcare 1° 2° & tertiary

Thank you

References

Warnock, C., Siddall, J., & Greenfield, D. (2013). COMPETENCY FRAMEWORK FOR LATE EFFECTS CARE. *Cancer Nursing Practice (through 2013)*, 12(3), 14-20. Retrieved from <https://hallam.idm.oclc.org/login?url=https://www.proquest.com/scholarly-journals/competency-framework-late-effects-care/docview/1347628870/se-2>

Murray N, Palermo C, Batt A, Bell K. Does patient and public involvement influence the development of competency frameworks for the health professions? A systematic review. *Front Med (Lausanne)*. 2022 Jul 26;9:918915. doi: 10.3389/fmed.2022.918915. PMID: 35957861; PMCID: PMC9360578.