



NCCP Guidance for the assessment of Competency for the Provision of Intrathecal Chemotherapy

Version	Date	Amendment	Approved By
1	February 2025	Initial Document This document is the following two NCCP documents combined into one document: NCCP Guidance for the assessment of competency for the provision of intrathecal chemotherapy NCCP Criteria for Acting as an Assessor of Competence – Intrathecal Chemotherapy	NCCP Intrathecal Working Group 2024

Contents:

1. Introduction	4
2. Criteria for acting as an assessor of competence	4
Medical oncologists and Haematologists	6
Nursing staff	6
Pharmacy staff	7
Review of competency and capability as an assessor	8
Competency assessment for the administration of intrathecal chemotherapy	8
3. Recommended Competencies relating to the provision of Intrathecal Chemotherapy for all disciplines	9
4. Medical Doctors and Advanced Nurse Practitioners (ANPs)	10
5. Nurses	14
6. Pharmacy Staff	17
7. Abbreviations	20

1. Introduction

This document provides guidance for assessing competency and describes the requirements for acting as an assessor of competence for intrathecal chemotherapy. A review of the competency assessment is also discussed in Section 6.

This document should be read in conjunction with the following documents:

- 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
- NCCP Oncology Medication Safety Review (10)
- NCCP Systemic Anticancer Therapy (SACT) Model of Care(12) .
- NCCP SACT Model of Care

All of these documents are available on the NCCP website [here](#)

An online HSeLanD e-learning module is available to facilitate the training of all healthcare staff involved in the delivery of intrathecal chemotherapy. This module is easily accessible online and integrates key learning points from NCCP guidance documents on intrathecal chemotherapy and neurotoxic drugs to promote safe practices in the prescribing, supply, handling and administration of intrathecal chemotherapy. The training from this module is transferable between hospitals and ensures that staff possess an appropriate level of training in line with the national guidance.

2. Criteria for acting as an assessor of competence

The following section details the ongoing criteria necessary for a staff member to be considered capable of assessing the competency of other staff to practice in the intrathecal chemotherapy services of the hospital.

Competency assessment is essential in ensuring the delivery of a safe intrathecal SACT service. In the absence of other guidelines¹ it is considered the following staff are initially capable and authorised to assess staff competency and, therefore, automatically competent to assess, themselves:

¹ As and when national guidance from professional bodies becomes available, this should be used.

- Consultant oncologists or haematologists, and advanced nurse practitioners (ANPs) in the protocols relating to the tumour types they sub-specialise in – for prescribing and administration of intrathecal chemotherapy;
- Nurses who have completed a Postgraduate Diploma in Nursing (Oncology and/or Haematology), or equivalent, at senior staff grade or CNM grade or above or lead SACT nurses who are involved in the administration of SACT on a regular basis - for checking of intrathecal chemotherapy;
- Designated cancer services pharmacy staff i.e. advanced specialist pharmacist, chief 2 and above or lead senior technician - for prescription verification, checking, dispensing and issuing of intrathecal chemotherapy.

In addition to the initial assessors, staff will be required to be authorised as assessors for the ongoing practice of the SACT services as described below.

- Assessors would usually assess the members of their own profession, but there may be exceptions to this. NCHDs and ANP should be assessed by a consultant registered on the ITC register².
- There should be a single register for the whole Hospital. Different parts of the Register should be dedicated for different tasks, as specified below, and copies of these parts may be kept in separate locations, but for each task there should be a unique list of registered personnel, each list being a distinct part of the register.

Assessors must be competent in the clinical skill in which they are assessing. Competency to be an assessor will be assessed locally at each hospital. Completion of the hospital's training and assessment programme for a certain competency does not automatically make the individual an Assessor of Competence for other staff.

Assessors will be selected by the hospital's intrathecal chemotherapy designated lead and there may be multiple assessors in a discipline, and it is recommended that there are multiple assessors to ensure continuity during periods of leave etc.

² There may be exceptions to this where a senior non-consultant doctor may be designated by the hospital ITC lead in high volumes hospitals.

Medical oncologists and Haematologists

An assessor of competence³ should meet all the criteria below:

- Be a consultant haematologist/consultant medical oncologist/consultant paediatric oncologist/consultant paediatric haematologist, registered on the Specialist Division of the register of medical practitioners maintained by the Medical Council and competent to assess in the disease types in which they sub-specialise, for prescribing.
- Be experienced and competent in the administration of intrathecal chemotherapy.
- Should hold relevant postgraduate teaching certificate or consultants registered as trainers with the RCPI.⁴
- Must undertake regular continuing professional development in line with legislative and Medical Council requirements.
- Have no areas of concern with their practice.

Nursing staff

All nurses must have completed training and be competent in the administration of SACT in line with local policy, the content of which should be agreed by the Hospital Leads for SACT training and education. They must be deemed competent for pre-assessment, administration and all aspects of the care pathway.

The training should include, as a minimum:

- supervision and teaching
- assessment of practical competence
- assessment of underpinning knowledge

Those responsible for assessment must also meet the following criteria:

- Must be CNM or CNS or experienced senior staff grade above
- Must be registered with the Nursing and Midwifery Board of Ireland
- Must work at least 50% of the time in clinical practice
- Must be certified as competent in the administration of SACT
- Must have administered SACT for at least 2 years and who administer SACT on an ongoing basis

³ Where necessary the prescribing and administration competencies may be assessed by different Consultants

⁴ In a high volume hospital, there may be exceptions to this – this must be locally agreed and documented

- Must perform the intrathecal chemotherapy certified competencies at a minimum of 5 times per annum⁵
- In addition, it is required that the assessor holds an appropriate qualification in cancer management and treatment e.g. a Postgraduate Diploma in Nursing (Oncology) or equivalent
- Have no areas of concern with their practice

Pharmacy staff

Pharmacists who assess competency must be registered with the professional regulator, the Pharmaceutical Society of Ireland (PSI).

Pharmacists must complete the hospital's training and assessment programme and be deemed competent relevant to the task they will be assessing competence against, which include:

- Clinical verification of intrathecal chemotherapy prescriptions
- Checking of worksheets and labels prior to compounding of intrathecal chemotherapy
- Preparation and dispensing of intrathecal chemotherapy
- Checking and final release of intrathecal chemotherapy

In addition, the assessor must:

- Be chief 2 grade, advanced or higher with more than 5 years experience in cancer services
- Undertake regular continuing professional development
- Spend at least 50% of their time practising the competencies above with respect to systemic anti-cancer therapy (SACT), not purely intrathecal chemotherapy
- Must perform the intrathecal chemotherapy certified competencies at a minimum of 5 times per annum
- Read the relevant standard operating procedures annually
- Have no areas of concern with their practice

⁵ For intrathecal chemotherapy competency assessments

Review of competency and capability as an assessor

Once signed off as competent to assess, individuals have a professional responsibility to ensure they maintain that competency.

Competency and authority to be an assessor should be assessed annually or following a break in a particular area of clinical practice of greater than or equal to six months.

Competency assessment for the administration of intrathecal chemotherapy

Competency assessment is best undertaken using the “Direct Observation of Procedural Skills (DOPS)”⁶, which is a structured assessment of actual performance, covering the specific skills required for intrathecal chemotherapy administration. The following guidelines are provided:

- The assessor must be familiar with and experienced in the administration of intrathecal chemotherapy.
- Where a patient is involved, they must be made aware that a DOPS is taking place and the appropriate introductions made.
- Assessments must be undertaken under appropriate conditions, with all necessary equipment and in an appropriate environment for intrathecal chemotherapy administration.
- The assessor must provide feedback to the person being assessed for competency and competency should be recorded appropriately.

The assessment of competency should cover the following areas:

- Understanding of the procedure
- Consideration for the patient
- Preparation (safety checks, drug, equipment, supportive care etc.)
- Technical Ability
- Post-procedure documentation & monitoring & safe disposal of PPE and hazardous medicinal products
- Overall ability to perform procedure

⁶ E.g. similar to that employed by the RCPI for competency assessment of specialist trainees. RCPI have provided documentation to inform the development of this section, but it has not been developed with or approved by RCPI.

3. Recommended Competencies relating to the provision of Intrathecal Chemotherapy for all disciplines

This section describes the recommended competencies for medical doctors, advanced nurse practitioners, nurses and pharmacy staff involved in the provision of intrathecal chemotherapy services. Assessors should use this section as part of their competency assessment of relevant staff in order to certify them as competent in the safe use of intrathecal chemotherapy before placing/maintaining their name on the hospital's intrathecal register.

- 3.1. All hospital's 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.
- 3.2. 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.
- 3.3. All staff on the register must be re-accredited every two years or annually where fewer than five ITC competent procedures are performed.
- 3.4. Ensure patient is informed of procedure and written consent is obtained in line with national guidelines for informed consent for SACT, for both adults and children.
- 3.5. 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.
- 3.6. Relevant staff should ensure that the drug is checked at the bedside in front of patient with doctor or ANP administering the drug and nurse checking: check SACT protocol, drug, dose, administration date, expiry date, patient name, patient ID number, date of birth. Both the doctor/ANP and the nurse must sign the SACT prescription following administration.

- 3.7. 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.
- 3.8. All staff should read and understand the following documents, as appropriate:
- The hospital's and department's local policies on the safe provision of intrathecal chemotherapy and others as deemed relevant.
 - NCCP Oncology Medication Safety review
 - NCCP SACT Model of Care
 - 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

4. Medical Doctors and Advanced Nurse Practitioners (ANPs)

- 4.1. All medical practitioners⁷ and ANPs⁸ 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 SACT PPPG and national Guidance on the Safe Use of Intrathecal Chemotherapy in the Treatment of Cancer and national Guidance on the Safe Use of Neurotoxic Drugs (including Vinca Alkaloids) 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 consultant⁹ who is assessing competence:

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

⁸ Including any ANPs who have recently been on an intrathecal register in another institution.

⁹ 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.

- Ensuring that the SACT is prescribed appropriately and 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 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 The declaration of procedural competence must be renewed every two years or annually where fewer than five ITC competent procedures are performed/supervised 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. Hospitals should take into account the timing of the changeover of NCHDs when scheduling training and competency assessments.

Medical Doctor/ANP Assessment of Competence to prescribe or administer ITC

Name and grade of doctor being assessed:	Medical Council Number:
Name of ANP being assessed:	NMBI Pin:

To be completed as an initial assessment and be reviewed every two years or annually where less than five Intrathecal SACT 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 hospital's SACT PPPG, 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), HSE Guideline on the Safe Handling of Cytotoxic Drugs. Completed the HSeLand "Intrathecal Chemotherapy" e-learning module		
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.	Ensures that the intrathecal chemotherapy is prescribed correctly and for the correct patient.		
4b.	Ensures that the patient is informed of the procedure and informed written consent is obtained.		
4c.	Ensures correct patient identification.		
4d.	Ensures 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.	Ensures the intrathecal chemotherapy is checked with a competent person prior to administration.		
4f.	Ensures 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 and with proper PPE		
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, PPE and hazardous medicinal products 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/ANP being assessed:		Print Name:	Date signed:

5. Nurses

- 5.1. All nurses¹⁰ (ANPs refer to section 3) 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. Read and understand the hospital's SACT PPPG as well as intrathecal chemotherapy policy and national Guidance on the Safe Use of Intrathecal Chemotherapy in the Treatment of Cancer and national Guidance on the Safe Use of Neurotoxic Drugs (including Vinca Alkaloids) in the Treatment of Cancer.
- 5.3. Must be on the ITC Register before performing any activity relating to ITC.
- 5.4. 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.
- 5.5. Nurses who check intrathecal chemotherapy treatment must 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 hospital's "SACT PPPG" within their unit. They will have attended local National SACT Competency Programme for Nurses Working in Cancer Care and completed their UKONS SACT Competency Passport.
- 5.6. 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".
- 5.7. Reassure patient throughout procedure.
- 5.8. If during any part of the procedure the nurse or patient has any concerns or questions the nurse should request the procedure to be stopped, if safe to do so, and seek appropriate advice e.g. medical/pharmacy.

¹⁰ Including any nurses who have recently been on an intrathecal register in another institution.

Nursing Assessment of Competence to check, store or collect ITC

Name of nurse being assessed:
Grade of nurse being assessed:
NMBI Pin:

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

To be assessed by supervising Consultant Oncologist/Haematologist or supervising Nurse

No.	Competency Criteria	Attained	Deferred
1.	<p>Background reading</p> <p>Read and understands the hospital's SACT PPPG, 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), HSE Guideline on the Safe Handling of Cytotoxic Drugs.</p> <p>Successfully completed the National SACT Competency Programme for Nurses Working in Cancer Care</p> <p>Completed the HSeLand "Intrathecal Chemotherapy" e-learning module</p>		
2.	Understands and can access the ITC Register		
3.	<p>Experience</p> <p>Witnessed intrathecal chemotherapy being administered (minimum of 2)</p>		
4.	<p>Be aware of the risks of intrathecal chemotherapy including the fatal consequences of intrathecal neurotoxin administration.</p> <p>Knowledge of intrathecal drugs involved and possible side effects/interactions</p>		
5.	Demonstrate competence in the following areas under the direct supervision of the consultant assessing competence:		
6a.	Ensures that the intrathecal chemotherapy is prescribed correctly and for the correct patient.		
6b.	Ensures that the patient is informed of the procedure and informed written consent is obtained.		
6c.	Ensures correct patient identification.		
6d.	Ensures 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.		
6e.	Ensures the intrathecal chemotherapy is checked with a competent person prior to administration.		
6f.	Ensures that the patient is given the opportunity to check the details, if appropriate.		

6h.	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.		
6i.	Safe disposal of procedural materials, PPE and hazardous medicinal products according to hospital policy		
6j.	Ensures that the prescription is signed by the administrator and counter signed by the nurse checker once intrathecal chemotherapy has been administered. Ensures documentation of the procedure in the patient's medical chart		
7.	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. Pharmacy Staff

- 6.1. All pharmacy staff¹¹ 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, verifying, compounding, storing and dispensing/checking/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.

¹¹ Including any pharmacy staff 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 Cancer Services Pharmacist¹², who is approved to act as an Assessor of Competence

Name of pharmacy staff member being assessed:
Grade of pharmacy staff member being assessed:
PSI Registration Number (if applicable):

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

- I have read and understood the “[insert Hospital SACT PPPG reference here](#)”
- I have read/completed the following:
 - 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
 - HSE Guideline on the Safe Handling of Cytotoxic Drugs
 - HSeLanD “Intrathecal Chemotherapy” e-learning module

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¹² Refers to the pharmacist supervising the person being assessed

To be assessed by Cancer Services Pharmacist Assessor:

No.	Performance Criteria	Attained	Deferred
1	Understands and can access the Intrathecal chemotherapy Register		
2	Has completed relevant training to undertake the following procedures for intrathecal chemotherapy relevant to their role		
2a	○ Prescription verification		
2b	○ Compounding		
2c	○ Storing		
2d	○ Dispensing / checking /		
2e	○ Issuing / release to ward or theatre or unit		
3	Knows who:		
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 Pharmacy Staff member being assessed:	Print Name:	Date signed:

7. Abbreviations

ANP – Advanced Nurse Practitioner

CNM – Clinical Nurse Manager

CNS – Clinical Nurse Specialist

ITC – Intrathecal chemotherapy

NCHD – Non Consultant Hospital Doctor

SACT - Systemic anti-cancer therapy

RCPI – Royal College of Physicians of Ireland