MACMILLAN PERSON CENTRED CARE COMPETENCY FRAMEWORK



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MACMILLAN CANCER SUPPORT

2206236 Person Centred Care Competency Framework.indd 1 06/11/2019 12:22

Contents

Macmillan person centred care competences – an introduction 4

Macmillan needs based competency framework 6

Needs based competency framework: Contribution by level of role

1. Pain 8
2. Fatigue 9
3. Fear, anxiety, worry, depression 10
4. Practical & mobility 11
5. Making plans 12
6. Finance & insurance 13
7. Symptom management
   - a) Constipation 14
   - b) Weight loss/reduced appetite 15
   - c) Nausea and vomiting 16
   - d) Body image 17
   - e) Sexual issues 18
   - f) Peripheral neuropathy 19

Level 1 role competences 20

Level 2 role competences 22

Level 3 role competences 24

Level 4 role competences 26

Level 5 role competences 30

Level 6 role competences 34

Level 6 role competences: Team leader 38

Level 7 role competences 42

Level 8 role competences 46

Disclaimer

This publication contains information, advice and guidance for registered staff working with people affected by cancer. It is intended for use within the UK. The information in this booklet has been compiled from professional sources, but its accuracy is not guaranteed. Whilst every effort has been made to ensure that Macmillan provides accurate and expert information and guidance, it is impossible to predict all the circumstances in which it may be used. Accordingly, Macmillan Cancer Support shall not be liable to any person or entity with respect to any loss or damage caused or alleged to be caused directly or indirectly by what is contained in this guidance document.

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Macmillan person centred care competences – an introduction

These resources have been developed collaboratively between Macmillan and cancer clinicians and leaders in the NHS.

The purpose of the work is to clarify what competences are needed in the workforce to address common unmet needs of people living with cancer. This may be used to assess existing levels of competency within teams and is intended to be an aid to identifying potential gaps in skills, rather than a solution.

Macmillan commissioned the Calderdale Framework team to help develop the competences. Using the Calderdale Framework[i] (an evidence-based workforce transformation tool) 10 partner organisations across England completed service analysis. Over 150 clinical staff have participated. Tumour sites included: Breast, Urology, Head and Neck, Colorectal, Gynaecology, Haemo-oncology, Lung, Skin, Acute, Oncology Service.

Service Analysis focused on current practice around seven unmet needs identified in Macmillan's strategy development and how these needs could be better met by developing the workforce to effectively deliver the Macmillan "Right by You Model".

Outputs include a one page career framework overview, competences using National Occupational Standard (NOS) for posts from level 1 (entry level) to level 8 (consultant level) as set out by Skills for Health and Skills for Care,[ii] "contribution by role" for each need providing more detail about what each level role will do to address common unmet need.

It should be noted that competences are expressed in terms of Skills For Health competency levels rather than Agenda for Change banding levels. This is to ensure transferability across sectors.

The competences

- Uses National Occupational Standards (ukstandards.org)
- Are transferable across professional groups
- Embeds Care Navigation. A Competency Framework (HEE 2016)
- Embeds Person Centred Approaches Core Skills Education and Training Framework (Skills for Health 2017)
- Augments Macmillan Nursing Competency Framework and Macmillan AHP Competency Framework

i www.calderdaleframework.com
ii https://www.skillsforhealth.org.uk/standards

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2206236 Person Centred Care Competency Framework.indd 4-5
06/11/2019 12:22

Macmillan needs based competency framework

Volunteer	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6		Level 7	Level 8
	Entry level Apprentice	**Support Worker Cancer Care**	**Senior Support Worker Cancer Care**	**Assistant Practitioner / Nursing Associate Cancer Care**	**Practitioner Cancer Care**	**Specialist Practitioner Cancer Care**	**Team Leader Cancer Care**	**Advanced Practitioner Cancer Care**	**Clinical Consultant Cancer Care**
• Macmillan information centre • Support at HWB events • Set out displays, posters and information leaflets • Peer support/ buddy • Signposting	**Administration duties:** • Stock leaflets and information racks • Photocopying • Hospitality • Data input • 'Runner' **Person-facing duties:** • Chaperone • Signposting	**Reception duties:** • Provide general information about services **Administration duties:** • Photocopying • Printing • Data input • Book clinics • Order supplies **Person-facing duties:** • Clinic preparation • Clinical skills asappropriate (e.g. blood pressure) • Supportive interventions	**Indirect person-facing duties:** • Telephone triage to protocols • Making appointments • Chase appointments, scans, pathology and results etc • Prepare clinic lists • Data **Person-facing duties:** • Clinical and wellbeing skills as appropriate (e.g. patient support) • Defined groups	• Telephone triage and response • HNA (allocated cases) • Care plan following HNA • First line advice (telephone and face-to-face) • First line intervention • Signpost/refer • Defined group work	• Provide safe and effective health assessment and advice (face-to-face and remote)	• Provide safe and effective clinical assessment treatment and advice (face-to-face and remotely) • Provide clinical leadership/ supervision/ education • Caseload management • Deliver healthcare, practitioner-led follow up clinics	• Lead and manage a team of healthcare practitioners • Ensure team and individuals are supported and performing so local and national targets are met • Quality assure team's work • Provide clinical support and supervision	• Deliver healthcare, practitioner-led clinics including diagnosis clinics • Assess, diagnose and treat • Medication management • Provide point of escalation for other team members • Higher level clinical skills	Provide clinical leadership and clinical support to other clinical team members Lead and implement evidence-based services developments Provide expert clinical input into educational programmes

Level relates to Skills for Health competency level, not Agenda for Change level

Volunteer	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6		Level 7	Level 8
				Education and training education					
• Local Induction • Customer Service Training • In-house systems including directory of services	• Entry level apprenticeship • Customer service training • In-house systems	• Apprenticeships • Customer service training • In-house systems • Clinical skills training (as appropriate)	• Apprenticeship • Appointments systems training • Surveillance systems training • Reporting and recording systems training • Clinical skills training (as appropriate)	• Higher apprenticeship • Training in mental health and emotional wellbeing • HNA, first level advice and intervention training • Clinical Skills training (as appropriate) • Navigation skills training	• Registered healthcare professional • Cancer specific training • Advanced communication training • Level 2 psychological training	• Registered healthcare professional • Master's modules in advanced clinical assessment and management • Access to PGD • Skill sharing – first level advice and intervention training	• Registered healthcare practitioner • Leadership training • Coaching training • Mentoring training	• Registered practitioner • Masters in Advanced Clinical Practice • Independent prescriber	• Registered practitioner • Masters level education • Leadership training • Expert clinical practice • Indepencdent prescriber (or access to PGD) • Working towards professional doctorate, PhD or equivalent
HEE ESSENTIAL LEVEL CARE NAVIGATION Competences				**HEE ENHANCED LEVEL CARE NAVIGATION Competences**		**HEE EXPERT LEVEL CARE NAVIGATION Competences**			
• STEP 1: Conversations to engage with people				• STEP 2: Conversations toenable and support people		• STEP 3: Conversations with people to collaboratively manage highest complexity and significant risk			

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2206236 Person Centred Care Competency Framework.indd 6-7
06/11/2019 12:22

2206236 Person Centred Care Competency Framework.indd 8-9

Needs based competency framework: contribution by level of role

1. Pain

Volunteer	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7	Level 8
Identified work	**Delegated work (mainly administration)**	**Delegated work (mainly administration)**	**Delegated work**	**Supported self-management and allocated cases**	**Guided self-management**	**Guided self-management and complex care**	**Complex care**	**Complex care**
• Reported pain is escalated appropriately • May be involved as a buddy to share their experience of managing pain.	• Reported pain is escalated appropriately	• Reported pain is escalated appropriately • Undertake delegated clinical tasks (e.g. physiological measures and venupuncture)	• May ask if person has pain or be informed by person they have pain • Escalate appropriately for assessment and intervention • Undertake delegated non-pharmacological tasks to support pain relief • Undertake delegated clinical tasks (e.g. cannulation & venupuncture)	• Identify pain as a need from HNA and its impact on life (including work) • Basic subjective history and pain score • Identify potential reg flags and escalate appropriately • Offer basic first line advice regarding taking prescribed meds as instructed by prescriber • Offer first line advice regarding non-pharmacological pain relief methods • Evaluate first line advice/ intervention and escalate if not improving	• Identify pain from HNA and conversation, and find out its impact on life (including work) • Undertake pain assessment, drug history and medical history • Offer first line advice regarding prescribed medication and over-the-counter analgesia • Offer first line advice and intervention regarding non-pharmacological pain relief	• Identify pain from HNA and conversation, and find out its impact on life (including work) • Undertake a detailed and subjective history, pain history, drug history and link to medical history • Identify and organise any investigations required • Discuss use of analgesia (analgesia ladder)	• As level 6 but interpret results • Arrange further tests if indicated • Make diagnosis re cause of pain including red flags and escalate if indicated to appropriate person • Discuss analgesia and options • Prescribe analgesia • Act as escalation point for l evel 4-6	• As level 7 but act in a consultancy capacity for other levels

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2. Fatigue

Volunteer	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7	Level 8
Identified work	**Delegated work (mainly administration)**	**Delegated work (mainly administration)**	**Delegated work**	**Supported self-management and allocated cases**	**Guided self-management**	**Guided self-management and complex care**	**Complex care**	**Complex care**
• Reported fatigue is escalated appropriately • Provision of appropriate written material on request • May be involved as a buddy to share their experience of managing fatigue	• Reported fatigue is escalated appropriately • Stock leaflet stands • Provision of appropriate written material on request	• Reported fatigue is escalated appropriately • Undertake delegated clinical/person-facing tasks (e.g. physiological measures and venupuncture)	• Reported fatigue is escalated appropriately • Undertake delegated clinical/ person-facing tasks (e.g. relaxation sessions)	• Identify fatigue as a need from HNA and conversation • Undertake standardised subjective history and fatigue score • Identify potential reg flags and escalate appropriately • Offer first line advice about managing fatigue and activity priorities • Offer first line advice about sleep hygiene • Offer advice/ intervention about relaxation • Deliver fatigue management groups • Signpost to other services	• Identify fatigue as a concern from HNA and conversation • Undertake assessment regarding fatigue severity, onset and impact in relation to medical history • Identify potential red flags and escalate for further tests/ assessment • Offer first line advice about managing fatigue and activity priorities • Offer first line advice about sleep hygiene • Offer advice/ intervention about relaxation • Refer to other specialist services. Inc vocational rehab	• Identify fatigue from HNA and conversation • Undertake a detailed subjective history, fatigue history, drug history and link to medical history • Identify and organise any investigations required - escalating when results are abnormal • Offer first line advice about managing fatigue and activity priorities • Utilise specialist skill sets (e.g. exercise prescription) • Offer first line advice about sleep hygiene • Offer advice/ intervention about relaxation	• As level 6 but interpret results . • Make diagnosis re cause of fatigue including red flags • Consider and prescribe medication as indicated • Act as escalation point for level 4-6	• As level 7 but act in a consultancy capacity for other levels • Develop pathways to ensure cohesive fatigue services

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06/11/2019 12:22

2206236 Person Centred Care Competency Framework.indd 10-11

3. Fear, anxiety, worry, depression

Volunteer	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7	Level 8
Identified work	**Delegated work (mainly administration)**	**Delegated work (mainly administration)**	**Delegated work**	**Supported self-management and allocated cases**	**Guided self-management**	**Guided self-management and complex care**	**Complex care**	**Complex care**
• Reported or observed anxiety is escalated appropriately • Offer immediate de-escalation if safe to do so or seek assistance • May be involved as a buddy to share their experience of managing fear, anxiety, worry and depression. • Provide listening and empathy • Provision of appropriate written material on request	• Reported or observed anxiety is escalated appropriately • Seek assistance to de-escalate	• Reported or observed anxiety is escalated appropriately • Offer immediate de-escalation if safe to do so or seek assistance • Provision of appropriate written material on request	• Reported or observed anxiety is escalated appropriately • Offer immediate de-escalation if safe to do so or seek assistance • Support group work • Provision of appropriate written material on request	• Identify as a need from HNA and conversation • Undertake standardised tests (e.g. GAD 7 and PHQ9) and escalate according to score as indicated • Undertake subjective history and observe person's affect • Offer first line self help techniques e.g. physical symptom explanation, panic hand etc • Participate in group sessions • Signposting	• Identify as a need from HNA and conversation • Undertake standardised tests (e.g. GAD 7 and PHQ9) and escalate according to score as indicated • Undertake subjective history and observe person's affect • Offer first line self help techniques e.g. physical symptom explanation • Participate in group sessions • Refer to specialist services	• As level 5 but offer brief psychological interventions and /or counselling • Follow up on interventions • Deliver group sessions • Refer to specialist services	• As level 6 • Act as escalation point for level 4-6	• As level 7 but act in a consultancy capacity for other levels • Ensure appropriate training and supervision is available for other levels

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4. Practical & mobility

Volunteer	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7	Level 8
Identified work	**Delegated work (mainly administration)**	**Delegated work (mainly administration)**	**Delegated work**	**Supported self-management and allocated cases**	**Guided self-management**	**Guided self-management and complex care**	**Complex care**	**Complex care**
• Reported need is escalated appropriately • Provision of appropriate written material on request • May be involved as a buddy to share their experience of managing practical and mobility issues • Signpost to local services	• Reported need is escalated appropriately • Stock leaflet stands	• Reported need is escalated appropriately • Undertake delegated clinical tasks	• Reported need is escalated appropriately • Provision of appropriate written material on request • Signpost to local services • Undertake delegated clinical tasks (e.g. mobility practice)	• Identify need at HNA and conversation • Subjective history [undertake assessment including impact in relation to medical history depending on team] • Identify potential reg flags and escalate appropriately • Signpost or refer to: – Social care – Rehabilitation – Employment advice – Support groups	• Identify need at HNA and conversation • Undertake assessment including impact in relation to medical history • Identify potential reg flags and escalate appropriately • Signpost or refer to: – Social care – Rehabilitation – Employment advice – Support groups	• Identify need from HNA and conversation • Undertake detailed subjective history, including daily routines and link to medical history • Identify and organise any investigations required • Signpost or refer to: – Social care – Rehabilitation – Employment advice – Support groups • If AHP by background, implement/ delegate rehab plan	• As level 6 but interpret results • Make diagnosis re cause of problem including red flags • Discuss relevant medication options and prescribe as appropriate • Act as escalation point for level 4-6	• As level 7 but act in a consultancy capacity for other levels • Build multidisciplinary capacity to support skill sharing

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06/11/2019 12:22

2206236 Person Centred Care Competency Framework.indd 12-13

5. Making plans

Volunteer	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7	Level 8
Identified work	**Delegated work (mainly administration)**	**Delegated work (mainly administration)**	**Delegated work**	**Supported self-management and allocated cases**	**Guided self-management**	**Guided self-management and complex care**	**Complex care**	**Complex care**
• Reported need is escalated appropriately • Provision of appropriate written material on request • May be involved as a buddy to share their experience of making plans • Signpost to local services	• Reported need is escalated appropriately • Stock leaflet stands	• Reported need is escalated appropriately • Undertake delegated clinical tasks	• Reported need is escalated appropriately • Provision of appropriate written material on request • Signpost to local services	• Identify need at HNA and conversation • Subjective history • Identify potential reg flags and escalate appropriately • Use a coaching approach • Signpost or refer to: – Social care – Rehabilitation – Employment advice – Support groups – Spiritual care	• Identify need at HNA and conversation • Undertake assessment including impact in relation to medical history • Identify potential reg flags and escalate appropriately • Use a coaching approach • Signpost or refer to: – Social care – Rehabilitation – Employment advice – Support groups – Spiritual care	• Identify need from HNA and conversation • Undertake detailed subjective history, pain history, drug history and link to medical history • Identify and organise any investigations required in order to plan interventions around life events/work • End of life preferences and advanced directives • Refer/signpost as appropriate	• As level 6 plus interpret results • Make diagnosis including red flags • Prescribe as appropriate and adjust treatment regime to facilitate choices • Act as escalation point for level 4-6	• As level 7 but act in a consultancy capacity for other levels • Build multidisciplinary capacity to support skill sharing

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6. Finance & insurance

Volunteer	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7	Level 8
Identified work	**Delegated work (mainly administration)**	**Delegated work (mainly administration)**	**Delegated work**	**Supported self-management and allocated cases**	**Guided self-management**	**Guided self-management and complex care**	**Complex care**	**Complex care**
• Reported need is escalated appropriately • Stock leaflet stands • Provide written information on request	• Reported need is escalated appropriately • Stock leaflet stands • Signpost or refer to benefits agency, CAB or financial advice agencies	• Reported need is escalated appropriately • Provide written information on request • Signpost or refer to benefits agency, CAB or financial advice agencies	• Reported need is escalated appropriately • Provide written information on request • Undertake delegated supporting activities e.g. accessing relevant websites • Signpost or refer to benefits agency, CAB , financial advice agencies	• Identify need from HNA and conversation • Complete Macmillan grant applications. • Provide written information (leaflets/ Macmillan website) • Undertake supporting activities e.g. accessing relevant websites	• Identify need from HNA and conversation • Complete Macmillan grant applications • Complete DS1500 • Undertake delegated supporting activities e.g. accessing relevant websites • Refer/signpost to benefits agency/ CAB/financial advice agencies	• Identify need from HNA and conversation • Complete DS1500	• Act as escalation point for level 4-6	• As level 7 but act in a consultancy capacity for other levels

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06/11/2019 12:22

2206236 Person Centred Care Competency Framework.indd 14-15

7. Symptom management – a) Constipation

Volunteer	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7	Level 8
Identified work	**Delegated work (mainly administration)**	**Delegated work (mainly administration)**	**Delegated work**	**Supported self-management and allocated cases**	**Guided self-management**	**Guided self-management and complex care**	**Complex care**	**Complex care**
• Reported need is escalated appropriately • Stock leaflet stands • Provision of appropriate written material on request • May be involved as a buddy to share their experience of managing constipation	• Reported need is escalated appropriately • Stock leaflet stands	• Reported need is escalated appropriately • Provide written information on request	• Reported need is escalated appropriately • Provide written information on request • Undertake delegated supporting activities including first line advice (diet, fluids and activity)	• Identified through HNA and conversation • Standardised history • Identify red flags and escalate appropriately • First line advice when appropriate • Refer to services as appropriate • Signpost to appropriate services	• Identified through HNA and conversation • Standardised history including medication history • Identify red flags and escalate appropriately • First line advice • Make referrals to specialist services	• Identified through HNA and conversation • Subjective history, medication history and clinical examination • Order and act on test results • Identify red flags and escalate appropriately • First line advice • Medication under PGD • Refer to specialist services	• Identified through HNA and conversation • Subjective history, clinical examination • Order and interpret tests. • Make diagnosis and escalate appropriately to medical colleagues • First line advice and prescribe • Make referrals to specialist services	• As level 7 but act in a consultancy capacity for other levels • May undertake specific diagnostic interventions

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7. Symptom management – b) Weight loss/reduced appetite

Volunteer	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7	Level 8
Identified work	**Delegated work (mainly administration)**	**Delegated work (mainly administration)**	**Delegated work**	**Supported self-management and allocated cases**	**Guided self-management**	**Guided self-management and complex care**	**Complex care**	**Complex care**
• Reported need is escalated appropriately • Stock leaflet stands • Provision of appropriate written material on request • May be involved as a buddy to share their experience of managing weight loss or reduced appetite	• Reported need is escalated appropriately • Stock leaflet stands	• Reported need is escalated appropriately • Provide written information on request • Undertake delegated clinical tasks (e.g. weight/ height)	• Reported need is escalated appropriately • Provide written information on request • Undertake delegated supporting activities (e.g. diet history)	• Identified through HNA and conversation. • Standardised history Identify red flags and escalate appropriately • First line advice e.g about use of over-the-counter supplements • Refer to services as appropriate • Signpost to appropriate services	• Identified through HNA and conversation. • Standardised history including medication history • Identify red flags and escalate appropriately • First line advice • Make referrals to specialist services	• Identified through HNA and conversation • Subjective history, medication history and clinical examination • Order and act on test results • Identify red flags and escalate appropriately • First line advice • Medication under PGD • Refer to specialist services	• Identified through HNA and conversation • Subjective history, clinical examination • Order and interpret tests. • Make diagnosis and escalate appropriately • First line advice and prescribe • Make referrals to specialist services	• As level 7 but act in a consultancy capacity for other levels • May undertake specific diagnostic interventions

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2206236 Person Centred Care Competency Framework.indd 16-17

7. Symptom management – c) Nausea and vomiting

Volunteer	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7	Level 8
Identified work	**Delegated work (mainly administration)**	**Delegated work (mainly administration)**	**Delegated work**	**Supported self-management and allocated cases**	**Guided self-management**	**Guided self-management and complex care**	**Complex care**	**Complex care**
• Reported need is escalated appropriately • Stock leaflet stands • Provision of appropriate written material on request • May be involved as a buddy to share their experience of managing nausea and vomiting	• Reported need is escalated appropriately • Stock leaflet stands	• Reported need is escalated appropriately • Provide written information on request • Undertake delegated clinical tasks (e.g. weight/ height/ fluid balance charts)	• Reported need is escalated appropriately • Provide written information on request • Undertake delegated supporting activities (e.g. diet history)	• Identified through HNA and conversation • Standardised history • Identify red flags and escalate appropriately • First line advice e.g about use of over-the-counter supplements • Escalate appropriately including referral to specialist practitioner e.g. dietitian	• Identified through HNA and conversation • Subjective history including medication history • Identify red flags and escalate appropriately • First line advice e.g about use of over-the-counter supplements • Make referrals to specialist services	• Identified through HNA and conversation • Subjective history, medication history and clinical examination • Order and act on test results • Identify red flags and escalate appropriately • First line advice e.g about use of over-the-counter supplements • Medication under PGD (anti-emetics) • Refer to specialist services	• Identified through HNA and conversation • Subjective history, clinical examination • Order and interpret tests. • Make diagnosis and escalate appropriately • First line advice and prescribe supplements, anti-emetics and steroids as appropriate • Make referrals to specialist services	• As level 7 but act in a consultancy capacity for other levels. • May undertake specific diagnostic interventions

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7. Symptom management – d) Body image (issues from interventions including surgical, radiotherapy and chemotherapy)

Volunteer	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7	Level 8
Identified work	**Delegated work (mainly administration)**	**Delegated work (mainly administration)**	**Delegated work**	**Supported self-management and allocated cases**	**Guided self-management**	**Guided self-management and complex care**	**Complex care**	**Complex care**
• Reported need is escalated appropriately • Stock leaflet stands • Provision of appropriate written material on request • Provide listening and empathy • May be involved as a buddy to share their experience of dealing with body image issues	• Reported need is escalated appropriately • Provide listening and empathy • Stock leaflet stands	• Reported need is escalated appropriately • Provide written information on request • Undertake delegated supportive tasks	• Reported need is escalated appropriately • Provide written information on request • Undertake delegated supporting activities (e.g support with groups)	• Identified through HNA and conversation • Subjective history – which aspects of body image are troubling them how is it making them feel, what is it stopping them doing • First line advice (e.g. for hair loss and discuss wigs, scarves, hats or tattooing. For mastectomy, discuss clothing and prosthetics) • Escalate appropriately • Signpost e.g 'look good, feel better'	• Identified through HNA and conversation • Subjective history (as for level 4) • First line advice (as level 4) • Escalate if issues include ill-fitting appliances, a leaking bag or sore skin • Signposting (as level 4)	• Identified through HNA and conversation • Assessment (subjective &objective) • Prehab – managing expectations • Familiarise person with their new body e.g. if they have colostomy or NGtube, and offer psychological support • Identify red flags and escalate appropriately • Refer to specialist services (including psychological support and corrective surgery)	• Identified through HNA and conversation. • Assessment (as level 6) • Prescribe prostheses • List for corrective surgery • Deal with highly complex cases • Familiarise person with their new body including psychological support • Make referrals to specialist services	• As level 7 but act in a consultancy capacity for other levels • May undertake specific corrective interventions in conjunction with MDT

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7. Symptom management – e) Sexual issues

Volunteer	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7	Level 8
Identified work	**Delegated work (mainly administration)**	**Delegated work (mainly administration)**	**Delegated work**	**Supported self-management and allocated cases**	**Guided self-management**	**Guided self-management and complex care**	**Complex care**	**Complex care**
• Reported concern is escalated appropriately • May be involved as a buddy to share their experience of managing sexual issues • Provide listening and empathy • Provision of appropriate written material on request	• Reported concern is escalated appropriately • Provision of appropriate written material on request	• Reported or concern is escalated appropriately • Provide listening and empathy • Provision of appropriate written material on request	• Reported or observed anxiety is escalated appropriately • Offer immediate de-escalation if safe to do so or seek assistance • Support group work • Provision of appropriate written material on request	• Identify as a need from HNA and conversation – ensure permission to talk about sexual issues is given • Depending on the issue, may offer first line self- help techniques inc. non-hormonal lubricants and their use, or finding other ways of being intimate (e.g. date night) • Escalate appropriately (e.g. if person very distressed)	• Identify as a need from HNA and conversation – ensure permission to talk about sexual issues is given • Undertake subjective history and observe persons affect • Offer first line self-help techniques (as at level 4) • Participate in group sessions • Refer to specialist services	• As level 5 but assessment about cause of the issue • Offer brief psychological interventions and /or counselling follow up on interventions • Deliver group sessions • Refer to specialist services (e.g. psychosexual therapy)	• As level 6 • Act as escalation point for level 4-6	• As level 7 but act in a consultancy capacity for other levels. • Ensure appropriate training and supervision is available for other levels

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7. Symptom management – f) Peripheral neuropathy

Volunteer	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7	Level 8
Identified work	**Delegated work (mainly administration)**	**Delegated work (mainly administration)**	**Delegated work**	**Supported self-management and allocated cases**	**Guided self-management**	**Guided self-management and complex care**	**Complex care**	**Complex care**
• Reported peripheral neuropathy is escalated appropriately • May be involved as a buddy to share their experience of managing peripheral neuropathy	• Reported peripheral neuropathy is escalated appropriately	• Reported peripheral neuropthy is escalated appropriately • Undertake delegated clinical tasks (e.g. physiological measures, venupuncture)	• Reported peripheral neuropthy is escalated appropriately for assessment and intervention • Undertake delegated non pharmacological tasks to support peripheral neuropathy (e.g. functional practice, use of equipment) • Undertake delegated clinical tasks (e.g. cannulation, venupuncture)	• Identify peripheral neuropathy as a need from HNA and its impact on life (including work) • Basic subjective history including treatment stage • Identify potential reg flags and escalate appropriately • Offer basic first line advice e.g. Advice about hot/ cold, avoid buttons/ laces, use gloves, footwear, skin care in case of trauma • Evaluate first line advice/ intervention and escalate if not Improving	• Identify peripheral neuropathy from HNA and conversation and its impact on life (including work) • Undertake clinical assessment, drug history, medical history and escalate appropriately • Offer first line (as level 4) • Refer to specialist services e.g. physiotherapy / occupational therapy	• Identify peripheral neuropathy from HNA and conversation and find out its impact on life (including work) • Undertake detailed subjective history, drug history and link to medical history • Undertake clinical examination • Identify and organise any investigations required • Offer first line advice and specialist advice depending on professional background • Refer to specialist services	• As level 6 but interpret results • Arrange furthers tests if indicated • Make diagnosis regarding cause of peripheral neuropathy including red flags, and escalate if indicated to appropriate person • Discuss medication options and consult with MDT • Act as escalation point for level 4-6	• As level 7 but act in a consultancy capacity for other levels

Level relates to Skills for Health competency level, not Agenda for Change level
Created using The Calderdale Framework Sept 2019

06/11/2019 12:22

Level* 1 role competences

‘An entry level support worker in cancer care (level 1) requires basic general knowledge. They undertake a limited number of straightforward tasks under direct supervision. Entry level support workers work to agreed protocols and procedures in stable structured work areas. They are able to solve routine problems and make straightforward judgements based on established protocols. They have general skills in a specific aspect of service delivery and work under direct supervision.’
(Skills for Health 2014)

They undertake delegated duties from healthcare professionals which may include reception duties, basic administrative, clinical and person-facing duties.

The numbers in brackets refer to National Occupational Standards (www.ukstandards.org.uk) and can be used as evidence towards educational awards.

Person-centred care

- **Communicate effectively in a healthcare environment** (SFHGEN97) with colleagues as well as patients and carers. Treat people with empathy, respect and consideration. This includes provision of standard written information. e.g. patient information leaflets.
- **Make and receive telephone calls** (CFA_BAA621) as directed. This includes calls to patients regarding straightforward matters and passing messages to other team members.
- **Deal with messages and information** (SCDHSC0242) in a timely and accurate manner. This may involve acting as a ‘runner’ to collect specific items/notes/information.
- **Assist the practitioner to implement healthcare activities** (SFHGEN 8). This may include clinic room preparation, basic clinical tasks or supporting practitioners undertaking clinical tasks.
- **Contribute to the effectiveness of teams** (SCDHSC0241). Work as part of a multidisciplinary team and actively contribute to service improvements when appropriate. Make sure your whereabouts are known during working hours and participate in duties as delegated.
- **Support the safeguarding of individuals** (SCDHSC0024) by following local protocols and standards, and escalating or seeking advice from colleagues when indicated. Relate to others in ways which support their rights, inclusion and wellbeing, and help them to keep safe.
- **Use Office Equipment** (CFA_BAA231). Undertake administration tasks (such as word processing, photocopying and filing) as directed, ensuring this is done accurately and safely.

Governance

- **Act within the limits of your competence and authority** (SFHGEN 63) and work to local protocols and procedures at all times. Escalate queries appropriately and seek assistance when unsure. Participate in regular supervision that is in line with local guidelines to continually improve performance.
- **Make sure your actions reduce risks to health and safety** (PROHSS1). Keep the office/information centre/clinic tidy, ensure equipment is clean before use and support the maintenance of equipment by reporting any faults as per local procedures. Adhere to health and safety policies and report incidents and risks identified through Datix or via line manager.
- **Comply with legal requirements to maintain strict confidentiality** (SFHCHS169) throughout all issues concerned with the service. Must adhere to the requirements of the Data Protection Act 1984, information governance and Caldicott Principles.
- **Develop your own knowledge and practice** (SCDHSC0023). This includes reflection on work activities, undertaking clinical supervision and taking opportunities to improve your practice as well as applying learning in the workplace.
- **Ensure personal fitness for work** (SFHGEN1), and prepare and dress for work in healthcare settings (SFHGEN2). This presents a positive image of self and your organisation. Maintain professional conduct, including appearance, at all times.



Sahil Suleman – Macmillan Cancer Psychological Support Team

2206236 Person Centred Care Competency Framework.indd 20-21 06/11/2019 12:22

Level* 2 role competences

'A support worker in cancer care (level 2) requires basic factual knowledge of a field of work. They may carry out clinical, technical or administrative duties according to established, agreed protocols or procedures, or systems of work. They are able to solve routine problems and make straightforward judgements. They have general skills and work under close supervision.'
(Skills for Health 2014)

They undertake delegated duties from healthcare professionals which may include reception duties, basic administration or clinical and patient-facing duties.

The numbers in brackets refer to National Occupational Standards (www.ukstandards.org.uk) and can be used as evidence towards educational awards.

Supporting coordination of person-centred care

- **Interact with individuals using telecommunications** (SFHGEN21.2012). Answer telephone calls within the defined time-frame and manage them in a controlled and professional manner. These should then be directed to the most appropriate person or service. Record information timely and accurately. May need to call back selected patients in order to provide information as directed by healthcare professionals.
- **Communicate effectively in a healthcare environment** (SFHGEN97) with colleagues as well as patients and carers. Treat people with empathy, respect and consideration, including provision of standard written information and signposting. Able to deal with difficult situations in a calm and professional manner in order to meet their needs.
- **Use Office Equipment** (CFABAA231). Undertake administration tasks (such as word processing, photocopying and filing) as directed, ensuring this is done accurately and safely.
- **Contribute to the effectiveness of teams** (SCDHSC0241). Work as part of a multidisciplinary team and actively contribute to service improvements when appropriate. Make sure whereabouts are known during working hours andparticipate in duties as delegated. Responsible for ensuring leaflet and information stands are well stocked within the service area.
- **Support the safeguarding of individuals** (SCDHSC0024) by following local protocols and standards, and escalating or seeking advice from colleagues if concerned about an individual. Relate to others in ways which support rights, inclusion and wellbeing of individuals, and help them to keep safe.

Clinical/patient-facing duties

- **Implement a treatment plan** (SFHCHS225).delegated by a registered practitioner. This may include, for example, obtaining weight and height measurements in clinic as well as chaperoning and assisting with personal care (dependent on setting).



Sue Summerfield – Macmillan Professionals Excellence Awards Winner

Managing self

- **Act within the limits of your competence and authority** (SFHGEN 63), and work to local protocols and procedures at all times. Escalate calls and queries appropriately and seek assistance when unsure. Participate in regular supervision, which is in line with local guidelines, to continually improve your performance and gain support following difficult calls.
- **Make sure your actions reduce risks to health and safety** (PROHSS1). Keep the office/information centre/clinic tidy, ensure equipment is clean before use and support the maintenance of equipment by reporting any faults as per local procedures. Adhere to health and safety policies and report incidents and risks identified through Datix or via line manager.
- **Comply with legal requirements to maintain strict confidentiality** (SFHCHS169) throughout all issues concerned with the service. Must adhere to the requirements of the Data Protection Act 1984, information governance and Caldicott Principles.
- **Develop your own knowledge and practice** (SCDHSC0023). This includes reflection on work activities, undertaking clinical supervision as well as taking opportunities to improve your practice and applying learning in the workplace.
- **Ensure personal fitness for work** (SFHGEN1) to present a positive image of self and your organisation. Maintain professional conduct, including appearance, at all times.

2206236 Person Centred Care Competency Framework.indd 22-23 06/11/2019 12:22

Level* 3 role competences

'A senior support worker in cancer care (level 3) requires knowledge of facts, principles, processes and general concepts in a field of work. They may carry out a wider range of duties than the person working at level 2 and will have more responsibility with guidance and supervision. They will contribute to service development and be responsible for self-development. Senior support workers support the work of practitioners at all levels and will work as part of a team. They demonstrate an ability to carry out tasks, solve straightforward problems and make some judgments. They have skills in specific aspects of service delivery.'
(Skills for Health 2014)

They provide accurate and up-to-date general information and advice to patients, relatives, carers and other health and social care professionals relating to their identified needs. This includes signposting to relevant services, organisations and specialist contacts for further support when appropriate.

They will undertake a range of administration duties to facilitate and support coordination of care for people within the specialist cancer service. This includes making appointments, liaising with other departments regarding tests and results, booking, data input and recording accurate documentation.

They may also undertake some delegated clinical duties to support specialist registered staff to deliver clinical interventions.

The numbers in brackets refer to National Occupational Standards (www.ukstandards.org.uk) and can be used as evidence towards educational awards.

Supporting individuals to self-manage

- **Develop effective relationships with individuals** (SCDHSC0233) in order to support them in managing their identified needs.
- **Provide advice and information to individuals on how to manage their own condition** (SFHGEN14). This is through the provision of written information or signposting to digital platforms in line with local protocols.
- **Provide advice and information to those who enquire about health and social care services** (SCHHSC0419). This involves signposting to relevant services or provision of written information on relevant services.
- **Support individuals to access information on services and facilities** (SCDHSC0026). Social prescribing, for example, encourages individuals to access support outside of health and social care settings, helping to manage their condition.
- **Interact with individuals using telecommunications** (SFHGEN21.2012) to provide information and signpost them to other services.

Supporting coordination of care for individuals

- **Communicate effectively in a healthcare environment** (SFHGEN97) with colleagues as well as patients and carers. Adjust the way you communicate so as to fit their knowledge and treat people with empathy and understanding. Accurately record and check or amend details in the patient record.
- **Administer appointments** (SFHGEN25). Coordinate face-to-face appointments to make sure individuals are booked and have had the necessary tests and results, ensuring a smooth journey along the cancer pathway.
- **Support the organisation of meetings** (CFA_BAA411). This may include: sourcing and booking venues for health and wellbeing events or other self-management groups, sending invitations, booking people in, preparing resources, preparing the room and meeting/greeting attendees.
- **Contribute to the effectiveness of teams** (SCDHSC0241). Work as part of a multidisciplinary team, actively contributing to service improvements when appropriate. Support new members of staff, assisting in general administrative and clerical duties, and work flexibly across sites as required by the service.

Clinical support

- **Implement a treatment plan** (SFHCHS225) delegated by a registered practitioner. This may include, for example, simple dressings, cannulation or taking a diet history. This may also include delivery of health and wellbeing programmes in group settings.
- **Direct requests for assistance, care or treatment using protocols and guidelines** (SFHGEN94). This includes telephone triage of calls and messages following protocols to ensure the person receives the most appropriate advice or care.

Managing self

- **Support the safeguarding of individuals** (SCDHSC0024) by following local protocols and standards. Relate to others in ways which support rights, inclusion and wellbeing of individuals. Help them to keep safe and escalate when concerns are identified.
- **Act within the limits of your competence and authority** (SFHGEN 63).Undertake delegated work and escalate when appropriate.
- **Make sure your actions reduce risks to health and safety** (PROHSS1). Keep the office/information centre/clinic tidy, ensure equipment is clean before use and support the maintenance of equipment by reporting any faults as per local procedures. Adhere to health and safety policies and report incidents and risks identified through Datix or via line manager.
- **Comply with legal requirements to maintain strict confidentiality** (SFHCHS169) throughout all issues concerned with the service. Must adhere to the requirements of the Data Protection Act 1984, information governance and Caldicott Principles.
- **Make use of supervision** (SFHGEN36). Participate in regular supervision inline with local guidelines to continually improve own performance and gain support following difficult calls.
- **Develop your own knowledge and practice** (SCDHSC0023). This includes reflection on work activities, taking opportunities to improve your practice and applying learning in the workplace.
- **Ensure personal fitness for work** (SFHGEN1) to present a positive image of self and the Trust. Maintain professional conduct, including appearance, at all times.

2206236 Person Centred Care Competency Framework.indd 24-25 06/11/2019 12:22

Level* 4 role competences

‘Assistant Practitioners (level 4) require factual and theoretical knowledge in broad contexts within a field of work. Work is guided by standard operating procedures, protocols or systems of work, but the worker makes judgments, plans activities, contributes to service development and demonstrates selfdevelopment. They may have responsibility for supervision of some staff.

Assistant Practitioners also have a required level of knowledge and skill, enabling them to undertake tasks that may otherwise have been undertaken by a practitioner. They will have developed specific technical skills and have a high degree of technical proficiency. They will exercise a degree of autonomy and undertake well defined tasks requiring limited judgement. They may have line management responsibility for others.’
(Skills for Health 2014)

They are part of a team providing safe and effective person-centred care, following the Macmillan ‘Right by You’ model within protocols. This is for people who live with or are affected by cancer.

The caseload will primarily be individuals with non-complex needs, requiring supported self-management or allocation by registered practitioners. Must provide support under supervision and follow training, with the aim of fully understanding what is important to each person in your care.

The numbers in brackets refer to National Occupational Standards (www.ukstandards.org.uk) and can be used as evidence towards educational awards including apprenticeships.

Coordinating person-centred care for individuals

- **Receive requests for assistance, treatment or care** (SFHGEN58) and give them to the specialist cancer team. The requests may be from people who live with or are affected by cancer, including carers, family, healthcare practitioners or other professionals. This includes face-to-face and telephone interactions, ensuring relevant information is obtained and appropriate actions are undertaken and recorded.
- **Interact with Individuals using telecommunications** (SFHGEN21). Answer calls in an efficient and courteous manner, using organisational standards and protocols. This involves triaging calls and additional skills to probe and verify caller responses and make pre-planned calls to individuals. This allows you to assess their needs, enabling a proactive approach. May also be required to use a range of other telecommunications technology (including the internet).
- **Communicate effectively in a healthcare environment** (SFHGEN97) **and promote effective communication and relationships with people who are troubled and distressed.** (SFHGEN99) Adjust communication to treat people with empathy and understanding as well as to fit their knowledge. This involves guiding people through the use of self-assessment resources (e.g. HNA). Accurately record, check or amend details on the HNA and escalate to the appropriate, registered healthcare practitioner when indicated.
- **Contribute to the assessment of needs and the planning, evaluation and review of individualised programmes** (SFHCHS233). This involves ongoing conversations with appropriately allocated individuals who will identify their needs and what is important to them, using a structured tool such as the HNA or eHNA. Provide first line assessment, **advice and information about how to manage individual’s needs/ condition** (SFHGEN14) – only after ruling out ‘red flags’ that require immediate escalation. This may also include offering first line advice/information, referral or signposting to other appropriate services. Evaluate the person’s reported outcomes, and contribute to the treatment summaries and follow up.
- These assessments and support plans will focus on the most common reported concerns from people who live with or are affected by cancer:
  • Pain
  • Fatigue
  • Anxiety, fear, worry
  • Symptom management
  • Practical and mobility issues including work
  • Making plans
  • Finance and insurance
- **Enable individuals with long-term conditions** (cancer) to manage their symptoms (SFHCHS63). Offer first line advice and initial interventions with incompetence, including changes in symptoms and acute episodes. Make judgments around what may or may not be significant changes in an individual’s condition. Recognise emergency situations and choose the appropriate response. Symptom management may involve coordinating the necessary assessments, appointments or investigations to fast-track people back into the system and/or referring individuals onto other services. This includes district nursing, social care or rehabilitation.
- **Enable individuals with long-term conditions (cancer) to manage acute episodes** (SFHCHS65) so they can recognise when to seek urgent medical attention, and be fast-tracked back into cancer services.
- **Enable individuals to make informed health choices and decisions** (SFHPE1), promoting self-management as much as possible. This also involves family and carers when appropriate and recognising barriers to self-management.
- **Provide information to individuals, groups and communities about promoting health and wellbeing** (SFHPHP13). Ensure people who live with or are affected by cancer have their needs identified and are supported in a person-centred way.
- **Support the safeguarding of individuals** (SCDHSC0024) by following local protocols and standards, escalating or seeking advice from colleagues when indicated. Relate to others in ways which support their rights, inclusion and wellbeing, and help them to keep safe. This may lead to becoming a safeguarding champion.
- **Uphold the rights of individuals** (SCDHSC0234). This includes their right to be in control of their life, be respected for who they are and to have information about themselves kept private.
- **Contribute to the effectiveness of teams** (SCDHSC0241). Work as part of amultidisciplinary team and actively contribute to service improvements whenappropriate. Assist new members of staff and work flexibly across sites whenrequired by the service.

Coordinating care for groups

- **Facilitate learning in groups** (LSIAG27). As part of the recoverypackage, this involves planning and delivering defined protocolisededucation sessions during pre-habilitation, treatment and end-of-treatmentstages for people living with or beyond cancer. It also includes invitingattendees and speakers, preparing resources, booking venues and hospitality.

* Level relates to Skills for Health competency level, not Agenda for Change level

2206236 Person Centred Care Competency Framework.indd 26-27 06/11/2019 12:22



Victoria Mann – Macmillan Professionals Excellence Awards finalist

Governance

- **Act within the limits of your competence and authority** (SFHGEN63). Work within own competences and adhere to local protocols and procedures. Seek advice from a registered practitioner as directed by protocols or when unsure.
- **Make sure your actions reduce risks to health and safety** (PROHSS1). Ensure equipment is clean before use and support the maintenance of equipment by reporting any faults as per local procedures. Adhere to health and safety policies and report incidents and risks identified through Datix or via line manager.
- **Comply with legal requirements to maintain strict confidentiality** (SFHCHS169) throughout all issues concerned with the service. Must adhere to the requirements of the Data Protection Act 1984, information governance and Caldicott Principles.

Managing self

- **Make use of supervision** (SFHGEN36). Participate in regular supervision in line with local guidelines to continually improve performance. Seek restorative supervision following difficult cases or events.
- **Develop your own knowledge and practice** (SCDHSC0023). This includes reflection on work activities, taking opportunities to improve your practice and applying learning in the workplace.
- **Reflect on and evaluate your own values, priorities, interests and effectiveness** (SFHGEN12) by undertaking reflective practice. This allows for continuous improvement and ensures individuals receive person-centred care and have their priorities met. Remain up to date with new information and system changes.
- **Ensure personal fitness for work** (SFHGEN1) to present a professional image of self and the organisation. Maintain professional conduct, including appearance, at all times.

Developing Others

- **Provide supervision to other individuals** (SFHGEN 35), including volunteers, support staff and peers to help them with their ongoing development.



Kemi Koleoso – Macmillan Clinical Education Team

2206236 Person Centred Care Competency Framework.indd 28-29 06/11/2019 12:22

Level 5 role competences

‘Cancer Care Practitioners (level 5) have a comprehensive specialised, factual and theoretical knowledge within a field of work and an awareness of the boundaries of that knowledge. They are able to use knowledge to solve problems creatively, make judgements which require analysis and interpretation, and actively contribute to service and self-development. They may have responsibility for supervision of staff or training. They can work with a considerable degree of autonomy, may have line management responsibilities and actively use research findings to enhance and underpin their area of practice.’
(www.skillsforhealth.org.uk)

They are responsible for delivering person-centred care using the Macmillan ‘Right by You’ model in a specialist cancer service. They undertake Holistic Needs Assessment in a variety of settings and co-produce care plans with individuals to meet their needs. Working as part of a multidisciplinary team, they also provide specialised care within their area of practice, which may include the delivery of groupwork, as well as individual consultations.

They are committed to a high quality service, and excellence in clinical practice. Continuous professional development is integral to the role and the development of the service.

The numbers in brackets refer to National Occupational Standards (www.ukstandards.org.uk) and can be used as evidence towards educational awards including apprenticeships.

Person-centred care and clinical care

- **Communicate effectively in a healthcare environment** (SFHGEN97). Competently manage any barriers to communication in order to effectively understand and meet individual’s reported needs. Use a high level of verbal and non-verbal communication skills, with the ability to adapt to a variety of situations.This may include **interacting with individuals using communications** (SFHGEN21.2012)
- **Assess individual preferences and needs** (SCHSC0414) and **enable individuals to make informed choices and decisions** (SFHPE1). Facilitate a supportive conversation and undertake or arrange an HNA to establish what matters to the individual and how their needs might be met. This may be through the provision of information and advice and/or interventions. It may also include signposting or referral to other services.
- **Form a professional judgment of an individual’s health condition** (SFHCHS118) and **agree a plan that enables individuals to manage their health condition** (SFHPE4).

This may include provision of first line advice and/or first line interventions around the most common reported concerns from people who live with or are affected by cancer:
- Pain
- Fatigue
- Anxiety, fear, worry
- Symptom management
- Practical and mobility issues including work
- Making plans
- Finance and insurance

- **Support individuals who are distressed** (SCDHSC0226), demonstrating empathy and compassion. Establish a need for psychological support as appropriate, including risk of suicide.
- **Help individuals prepare psychologically for changes** (CHD HN1). Use empathy, knowledge and skills to assess and offer psychosocial support to people living with or beyond cancer. This includes referral to other agencies or disciplines as appropriate.
- **Provide information to individuals, groups and communities about promoting health and wellbeing** (SFHPHP13). This ensures people who live with or are affected by cancer have their needs identified and are supported in a person-centredway.
- **Prioritise treatment and care for individuals according to their health status and need** (SFHCHS121). This is done through ongoing review, evaluation of treatment and any concerns raised by the individual.
- **Arrange services and support with other healthcare providers** (SFHCHS98). Act as a referral agent and care coordinator by establishing multi-agency collaboration across primary/secondary interface to meet the needs of the individual (including social needs). This may involve acting as an advocate for the individual, and a need to contribute to social care in emergency situations (EC21).
- **Manage a patient caseload which achieves the best possible outcome for the individual** (SFHCMI1). Allocation should be based on risk stratification and primarily comprise of individuals who need to be supported or need more guided care.
- **Implement a treatment plan** (SFHCHS225). Depending on the setting, you may be required to undertake service specific clinical interventions in line with professional background e.g. wound care and exercise programmes.

Leadership

- **Contribute to the effectiveness of teams** (SCDHSC0241). Work as part of a multidisciplinary team and actively contribute to service improvements when appropriate. Assist new members of staff and provide appropriate clinical advice and support to colleagues in care practices, delivery and service development within your scope of practice.
- **Develop and sustain productive working relationships with colleagues** (CFAM&LDD1). Provide clinical leadership and support to colleagues, ensuring safe effective working. Promptly communicate with senior managers if any factors are affecting service delivery. Act as a professional role model at all times. Facilitate clear patient pathways through primary, community, secondary and tertiary care.

2206236 Person Centred Care Competency Framework.indd 30-31 06/11/2019 12:22

Personal and people development

- **Make sure your actions reduce risks to health and safety** (PROHSS1). Adhere to health and safety policies and report incidents, risks, complaints and compliments identified through Datix or via line manager.
- **Comply with legal requirements to maintain strict confidentiality**(SFHCHS169) throughout all issues concerned with the service. Must adhere to the requirements of the Data Protection Act 1984, information governance and Caldicott Principles.
- **Make use of supervision** (SFHGEN36). Participate in regular supervision in line with local guidelines to continually improve own performance and develop practice.
- **Develop your own knowledge and practice** (SCDHSC0023). This includes reflection on work activities, taking opportunities to improve your practice and applying learning in the workplace. Maintain professional and clinical competence by continuing professional development.
- **Monitor your own work practices** (SFHGEN23). Remain up to date with new information and system changes. Attend meetings and mandatory training. Participate in regular performance reviews with more senior staff as appropriate to individuals' scope of practice.
- **Manage and organise your own time and activities** (HT4). Work independently and be accountable/responsible for managing own approach to workload and risk assessment.
- **Act within the limits of your competence and authority** (SFHGEN 63). Work within the parameters of your own skills and knowledge, and maintain an awareness of service and practice developments.
- **Provide (clinical) supervision to other individuals** (SFHGEN 35), including peers, Assistant Practitioners Cancer Care and other support staff.



Gemma Wham – Macmillan Cancer Support Worker



Ian Petrie - Macmillan Professionals Excellence Awards finalist

2206236 Person Centred Care Competency Framework.indd 32-33 06/11/2019 12:22

Level* 6 role competences

‘Specialist Practitioners (level 6 role) have a critical understanding of detailed theoretical and practical knowledge and have specialist knowledge and experience and/or have management and leadership responsibilities. They have some responsibility for team performance and service development and they consistently undertake self-development. They have a depth of knowledge and understanding that enables them to perform at a high level of practice, take a leadership role, use and develop evidence to inform their practice, and deal with complex, unpredictable environments.’
(Skills for Health 2014)

Specialist Practice is delivered by experienced registered healthcare practitioners who demonstrate leadership through clinical expertise and delivery of high standards of person-centred care.

Their primary focus is supporting people with complex needs across the whole cancer pathway or at specific phases of the cancer pathway within a specialist cancer service. This may be through guided or complex care and requires the ability to clinically assess an individual, and make professional judgments and care plans with them – promoting a culture that supports and enables self-management. They may act as a key accessible professional for the multidisciplinary team, undertaking proactive case management.

They may be responsible for the supervision, teaching, precepting and mentoring of other staff which may include students, other clinicians and volunteers.

They will be expected to support delivery of the national cancer and person-centred care agendas, delivering Macmillan’s ‘Right by You’ model.

The numbers in brackets refer to National Occupational Standards (www.ukstandards.org.uk) and can be used as evidence towards educational awards.

Person-centred care

- **Communicate effectively in a healthcare environment** (SFHGEN97). Competently manage any barriers to communication in order to effectively understand and meet individual’s reported needs. Use a high level of verbal and non-verbal communication skills, with the ability to adapt to a variety of situations. This may include **interacting with individuals using telecommunications** (SFHGEN21.2012).
- **Plan assessment of an individual’s health status** (SFHCHS38). Review referral details, notes and investigation results to ensure appropriate assessment. This includes delivering follow up, non-medical-led clinics.
- **Assess an individual’s health status** (SFHCHS39). Demonstrate high level clinical knowledge and specialist skills to undertake assessment, including accurate clinical history and/or performing a physical examination. This may include arranging additional tests or scans and communicating with other MDT professionals.
- **Assess individual preferences and needs** (SCHSC0414) and **enable individuals to make informed choices and decisions** (SFHPE1). Facilitate a supportive conversation and undertake or arrange an HNA to establish what matters to the individual and how their needs might be met. This may be through the provision of information, advice and/or interventions. It may also include signposting or referral to other services.
- **Form a professional judgement of an individual’s health condition** (SFHCHS118) and **agree a plan to enable individuals to manage their health condition** (SFHPE4).This may include provision of first line advice and/or first line interventions around the most common reported concerns from people who live with or are affected by cancer:
  - Pain
  - Fatigue
  - Anxiety, fear, worry
  - Symptom management
  - Practical and mobility issues including work
  - Making plans
  - Finance and insurance

  It may also include use of Patient Group Directions (PGD) to supply symptom alleviating medication, working within parameters of agreed clinical guidelines and in accordance with current legislation regarding the supply of medications.
- **Communicate significant news to individuals** (SFHCHS48) using advanced communication skills, ensuring the individual understands the information and is given the opportunity to ask questions. This may be delivering results or a diagnosis of cancer.
- **Support individuals who are distressed** (SCDHSC0226). Demonstrate empathy and compassion whilst establishing the need for psychological support as appropriate, including risk of suicide.
- **Help individuals prepare psychologically for changes** CHD HN1. Use empathy, knowledge and skills to assess and offer psychosocial support to people living with or beyond cancer. This includes referral to other agencies or disciplines as appropriate.
- **Prioritise treatment and care for individuals according to their health status and need** (SFHCHS121) through ongoing review, evaluation of treatment and any concerns raised by the individual.
- **Arrange services and support with other healthcare providers** (SFHCHS98). Act as are ferral agent and care co-ordinator by establishing multi-agency collaboration across primary/secondary interface to meet the needs of the individual (including social needs).This may involve **acting as an advocate for the individual, and the need to contribute to social care in emergency situations** (EC21).
- **Manage a patient caseload which achieves the best possible outcome for the individual** (SFHCMI1) through risk stratification. Ensure people needing complex care are supported to manage the severe consequences of treatment and/or advanced and active disease alongside their other health conditions. This requires frequent reassessments, evaluation, care monitoring and reviews according to need.
- **Organise a programme of support following withdrawal from treatment** (SFHCHS97). This requires an **ability to liaise between primary, secondary and community teams** (SFHGEN44) in order to support the individual’s decision without prejudice.

2206236 Person Centred Care Competency Framework.indd 34-35 06/11/2019 12:22

Leadership

- **Develop and sustain productive working relationships with colleagues** (CFAM&LDD1) to provide support and clinical leadership, ensuring safe and effective working. Promptly communicate with senior managers if any factors are affecting service delivery. Act as a professional role model at all times. Facilitate clear patient pathways through primary, community, secondary and tertiary care.
- **Encourage behavioural change in people and agencies to promote health and wellbeing** (SFHPHP15). Ensure the team and agencies promote person-centred care to people who live with or are affected by cancer.
- **Contribute to the effectiveness of teams** (SCDHSC0241) using knowledge and experience to support other front line staff in making decisions that relate to patient care. This leads to safe service user outcomes. Ensure the immediate needs of the patient are met. Attend and contribute to the MDT and specialist interest groups, locally and nationally. Work with the service delivery team to contribute to the development and delivery of service. Facilitate and actively participate in the audit process to develop individual performance and achieve set targets.
- **Prepare for and participate in quality audits** (CFAM&LFE3), ensuring quality is at the heart of practice and targets are being met.

Personal and people development

- **Undertake coaching or mentoring** (LSICM05), with staff at all levels and students, that relates to own specialism as well as clinical practice generally. This maintains an up-to-date knowledge of current practice. Share and utilise areas of specialist practice or special interest with peers and colleagues to inform patient care.
- **Provide supervision clinically to other individuals** (SFHGEN 35), including peers and less experienced staff to support their ongoing development.
- **Make use of clinical supervision** (SFHGEN36). Participate in regular clinical and operational supervision that is in line with local guidelines to continually improve performance and facilitate ongoing development. Meet requirements of professional registration.

Professional and education

- **Develop and maintain your professional networks** (CFAM&LAA3). **Work within and promote the regulatory requirements, codes and guidance defined by the appropriate regulatory body** (NMC/HCPC). Develop and maintain own expertise, practice and competence in the role and promote the organisation's vision and values.
- **Manage and organise your own time and activities** (HT4). Work independently and be accountable/responsible for managing own approach to workload and risk assessment.
- **Monitor your own work practices** (SFHGEN 23). Ensure maintenance of own competence through CPD and seek feedback on own performance from direct reports and line manager. Maintain personal responsibility and accountability for ongoing active professional registration and fitness to the practice. Participate in regular performance review with line manager. Identify and use information sources to support and underpin clinical decision making.
- **Act within the limits of your competence and authority** (SFHGEN 63). Work within the parameters of own skills and knowledge and maintain responsibility for own personal development.
- **Comply with legal requirements to maintain strict confidentiality** (SFHCHS169) throughout all issues concerned with the service. Must adhere to the requirements of the Data Protection Act 1984, information governance and Caldicott Principles. Keep immediate and accurate records of patient user enquiries during consultation.



Jyoti Shah – Macmillan Urology Team

2206236 Person Centred Care Competency Framework.indd 36-37

06/11/2019 12:22

Level* 6 role competences: Team leader

'Team Leaders (level 6 role) have a critical understanding of detailed theoretical and practical knowledge and have specialist knowledge and experience and/or have management and leadership responsibilities. They have some responsibility for team performance and service development and they consistently undertake self-development. They have a depth of knowledge and understanding that enables them to perform at a high level of practice, take a leadership role, use and develop evidence to inform their practice and deal with complex, unpredictable environments.'
(Skills for Health 2014)

The Team Leader is a Specialist Practitioner who is an experienced registered healthcare practitioner. They demonstrate leadership through clinical expertise and deliver high standards of person-centred care.

Their primary focus is to manage and lead the non-medical cancer specialist team to support people across the whole cancer pathway, or at specific phases of the cancer pathway within a specialist cancer service. This may be through supported self-managed, guided or complex care. They help to ensure individuals receive the right level of support and care from the most appropriate practitioner (registered or non-registered) within the team.

They may act as a key accessible professional for the multidisciplinary team, undertaking proactive case management.

They are responsible for the supervision, teaching, precepting and mentoring of other staff which may include students, other clinicians and volunteers.

They support delivery of the national cancer and person-centred care agendas, delivering Macmillan's 'Right by You' model.

The numbers in brackets refer to National Occupational Standards (www.ukstandards.org.uk) and can be used as evidence towards educational awards.

Person-centred care

- **Communicate effectively in a healthcare environment** (SFHGEN97). Competently manage any barriers to communication in order to effectively understand and meet individual's reported needs. Use a high level of verbal and non-verbal communication skills, with the ability to adapt to a variety of situations. This may include **interacting with individuals using telecommunications** (SFHGEN21.2012)
- **Plan assessment of an individual's health status** (SFHCHS38). Review referral details, notes, investigation results to ensure appropriate assessment. This includes delivering follow up, non-medical-led clinics.
- **Assess an individual's health status** (SFHCHS39). Demonstrate high level clinical knowledge and specialist skills to undertake assessment, including accurate clinical history and/or performing a physical examination. This may include arranging additional tests or scans.
- **Assess individual preferences and needs** (SCHSC0414) and **enable individuals to make informed choices and decisions** (SFHPE1). Facilitate a supportive conversation and undertake or arrange an HNA to establish what matters to the individual and how their needs might be met. This may be through provision of information, advice and/or interventions. It may also include signposting or referral to other services.
- **Form a professional judgement of an individual's health condition** (SFHCHS118)and a**gree a plan to enable individuals to manage their health condition** (SFHPE4).This may include provision of first line advice and/or first line interventions around the most common reported concerns from people who live with or are affected by cancer:
  • Pain
  • Fatigue
  • Anxiety, fear, worry
  • Symptom management
  • Practical and mobility issues, including work
  • Making plans
  • Finance and insurance

  It may also include use of Patient Group Directions (PGD) to supply symptom alleviating medication, working within parameters of agreed clinical guidelines and in accordance with current legislation regarding the supply of medications.
- **Communicate significant news to individuals** (SFHCHS48) using advanced communication skills, ensuring the individual understands the information and is given the opportunity to ask questions. This may be delivering results or a diagnosis of cancer.
- **Support individuals who are distressed** (SCDHSC0226). Demonstrate empathy and compassion whilst establishing the need for psychological support as appropriate, including risk of suicide.
- **Help individuals prepare psychologically for changes** (CHD HN1). Use empathy, knowledge and skills to assess and offer psychosocial support to people living with or beyond cancer. This includes referral to other agencies or disciplines as appropriate.
- **Prioritise treatment and care for individuals according to their health status and need** (SFHCHS121) through ongoing review, evaluation of treatment and any concerns raised by the individual.
- **Arrange services and support with other healthcare providers** (SFHCHS98). Act as a referral agent and care co-ordinator by establishing multi-agency collaboration across primary/secondary interface to meet the needs of the individual (including social needs). This may involve **acting as an advocate for the individual, and the need to contribute to social care in emergency situations** (EC21).
- **Manage a patient caseload which achieves the best possible outcomes for the individuals** (SFHCMI1) through risk stratification. Ensure people needing complex care are supported to manage the severe consequences of treatment and/or advanced and active disease alongside their other health conditions. This requires frequent reassessments, evaluation, care monitoring and reviews according to need.
- **Organise a programme of support following withdrawal from treatment** (SFHCHS97). This requires an **ability to liaise between primary, secondary and community teams** (SFHGEN44) in order to support the individual's decision without prejudice.

2206236 Person Centred Care Competency Framework.indd 38-39 06/11/2019 12:22

Leadership and management

- **Provide leadership in your area of responsibility** (CFAM&LBA2) by directing, leadingand motivating staff. This enables a high standard of professionalism, efficiency andeffectiveness in service delivery, ensuring activity is aligned to patients, service, organisational and national priorities. Promote and influence others to incorporate personalised care into practice, utilising the 'Right by You' model.
- **Develop and sustain productive working relationships with colleagues** (CFAM&LDD1) to provide support and clinical leadership to colleagues, ensuring safe and effective working. Promptly communicate with senior managers if any factors are affecting service delivery. Act as a professional role model at all times. Facilitate clear patient pathways through primary, community, secondary and tertiary care.
- **Encourage behavioural change in people and agencies to promote health and wellbeing** (SFHPHP15). Ensure the team and agencies promote person-centred care to people who live with or are affected by cancer.
- **Support and challenge workers on specific aspects of their practice** (SFHGEN132) by undertaking regular clinical supervision and utilising clinical audit to ensure standards are being met. Proactively identify staff in the team who may need support.
- **Use information to take effective decisions** (CFAM&LEC5). Interpret and apply performance data to gain a reliable picture of individual and organisational performance. This includes reviewing daily/weekly/monthly performance statistics against contract standards, and take corrective action with the team to improve performance.
- **Manage people's performance at work** (CFAM&LDB4). Use data analysis to discuss performance achievements or concerns with staff. Apply the appraisal cycle, ensuring review of objectives are undertaken in an ongoing manner and that performance development plans are completed with staff using SMART objectives. Have a thorough understanding of contingency arrangements for staff shortages or IT system failures, and ensure escalation following protocols.
- **Help individuals address problems affecting their performance** (CFAM&LDC5) by facilitating feedback to team members following review of performance. This includes audit, acknowledging achievements and supporting any areas of development identified.
- **Quality assure the work in your team** (CFAM&LDB3) by administering the audit process. Through team management, ensure adherence to National Quality requirements and Key Performance Indicators relative to the service.
- **Lead your team** (CFAM&LBA3) by contributing to continuous quality improvement through own practice and support of others. Demonstrate, contribute and embed organisational visions and values. Ensure timely processing of timesheets. Monitor annual leave to ensure team members are requesting and taking leave in a measured and timely manner. Support team members when they return from long-term absence.
- **Induct individuals to their role** (CFAM&LDA3). Ensure contact with new team members at the earliest opportunity to support them in their role and deal with queries. Ensure new starters have appropriate support through their probationary period and that objectives are met prior to sign off.
- **Contribute to the effectiveness of teams** (SCDHSC0241). Use specialist knowledge and experience to support other front line staff in making decisions relating to patient care. Ensure patient needs are identified and appropriate plans are put in place to meet them. Attend and contribute to the MDT and specialist interest groups, locally and nationally. Work with the service delivery team to contribute to the development and delivery of service. Facilitate and actively participate in the audit process to develop individual performance and achieve set targets.

Personal and people development

- **Undertake coaching or mentoring** (LSICM05) – with staff at all levels and students – that relates to own specialism as well as clinical practice generally. This maintains an up-to-date knowledge of current practice. Share and utilise areas of specialist practice or special interest with peers and colleagues to inform patient care.
- **Provide supervision clinically to other individuals** (SFHGEN 35), including peers and less experienced staff to support their ongoing development.
- **Make use of clinical supervision** (SFHGEN36). Participate in regular clinical and operational supervision that is in line with local guidelines to continually improve performance and facilitate ongoing development. Meet requirements of professional registration.



Mary Hayes - Macmillan Professionals Excellence Awards finalist

Professional and education

- **Develop and maintain your professional networks** (CFAM&LAA3). **Work within and promote the regulatory requirements, codes and guidance defined by the appropriate regulatory body** (NMC/HCPC). Develop and maintain own expertise, practice and competence in the role and promote the organisation's vision and values.
- **Manage and organise your own time and activities** (HT4). Work independently and be accountable/responsible for managing own approach to workload.
- **Monitor your own work practices** (SFHGEN 23). Ensure maintenance of own competence through CPD and seek feedback on own performance from direct reports and line manager. Maintain personal responsibility and accountability for ongoing active professional registration and fitness to the practice. Participate in regular performance review with line manager. Identify and use information sources to support and underpin clinical decision-making.
- **Act within the limits of your competence and authority** (SFHGEN 63). Work within the parameters of own skills and knowledge and maintain responsibility for own personal development.
- **Comply with legal requirements to maintain strict confidentiality** (SFHCHS169) throughout all issues concerned with the service. Must adhere to the requirements of the Data Protection Act 1984, information governance and Caldicott Principles. Keep immediate and accurate records of patient user enquiries during consultation.

2206236 Person Centred Care Competency Framework.indd 40-41

06/11/2019 12:22

Level* 7 role competences

‘Advanced Clinical Practitioners (level 7) have a critical awareness of knowledge issues in the field (cancer care) and at the interface of different fields. They are innovative and have responsibility for developing and changing practice and/or services in a complex and unpredictable environment.’
(Skills for Health 2014)

‘Advanced Clinical Practice is delivered by experienced registered healthcare practitioners. It is a level of practice characterised by a high level of autonomy and complex decision making. This is underpinned by a Master’s level award or equivalent that encompasses the four pillars: clinical practice, management and leadership, education and research. There is demonstration of core and area-specific clinical competence through consolidated practice. Advanced Clinical practice embodies the ability to manage complete clinical care in partnership with patients/carers and, when appropriate, other health and care professionals. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance patient experience and improve outcomes.’
(Health Education England)

They work as an advanced, autonomous practitioner using high levels of decision-making skills. The primary focus will be the provision of excellent person-centred care, supporting people with complex needs across the whole cancer care pathway or at specific phases of the cancer pathway. This may be through guided or complex care and will require the ability to clinically assess, diagnose and develop treatment and care plans for individuals, promoting a culture that supports self-management.

They act as a role model for the MDT in delivering Macmillan’s ‘Right by You’ model. This role works within the parameters of current prescribing legislation and as part of a multi-professional team.

They practice autonomously whilst being accountable and self-directed in line with the relevant code of professional conduct.

Person-centred care and advanced clinical care

- **Plan assessment of an individual’s health status** (SFHCHS38), reviewing referral details, notes and investigation results to ensure appropriate assessment.
- **Assess an individual’s health status** (SFHCHS39), demonstrating high levels of clinical knowledge and advanced skills to undertake assessment. This includes accurate clinical history and/or performing a physical examination.
- **Communicate effectively in a healthcare environment** (SFHGEN97). Competently manage any barriers to communication in order to effectively understand and meet individual’s reported needs.

  Use a high level of verbal and non-verbal communication skills, with the ability to adapt to a variety of situations. This may include **interacting with individuals using telecommunications** (SFHGEN21.2012)
- **Establish a diagnosis of an individual’s health condition** (SFHCHS40), formulating a differential diagnosis and devising, monitoring and reviewing evidence-based treatment plans and advice.
- **Communicate significant news to individuals** (SFHCHS48) using advanced communication skills, ensuring the individual understands the information and is given the opportunity to ask questions.
- **Support individuals who are distressed** (SCDHSC0226). Demonstrate empathy and compassion whilst establishing the need for psychological support as appropriate, including risk of suicide. Use evidence-based tools and escalate where indicated.
- **Assess individual preferences and needs** (SCHSC0414) and enable individuals to make informed choices and decisions (SFHPE1). Facilitate a supportive conversation and undertake or arrange an HNA to establish what matters to the individual and how their needs might be met. This may be through provision of information, advice and /or interventions. It may also include signposting or referral to other services.
- **Brief the team for an individual’s health intervention** (SFHCHS104). This may include advocating on behalf of the individual in the MDT or briefing other members of the team about the individual’s needs and priorities.
- **Determine a treatment plan for an individual** (SFHCHS41) autonomously or in conjunction with the MDT. Make diagnosis and care management decisions based on interpretation of results, ensuring that optimum physical and psychological needs are met and are ethical. Make appropriate follow up or referral as needed (e.g. listing for surgery). This includes establishing an individual’s suitability to undergo an investigation (SFHCHS120) in conjunction with the individual and their family/carer.
- **Prioritise treatment and care for individuals according to their health status and need** (SFHCHS121) through ongoing review, evaluation of treatment and any concerns raised by the individual.
- In some settings, such as the Acute Oncology Service, you may need to **investigate and diagnose an individual presenting symptoms that require emergency assistance**:
  - **Breathlessness** (EC11A)
  - **Pain** (including chest and abdominal pain) (EC11C)
  - **Fever** (EC11I)
- **Prepare prescriptions for prescription-only medication** (SFHCHD HK1). Act as an independent prescriber, working within parameters of agreed clinical guidelines and in accordance with current legislation regarding the supply and prescribing of medications. This includes the ongoing monitoring, assessment, evaluation and revision of medication.
- **Coordinate the implementation and delivery of treatment plans** (SFHCHS88) for people who live with or are affected by cancer.
- **Arrange services and support with other healthcare providers** (SFHCHS98). Act as a referral agent and care co-ordinator by establishing multi-agency collaboration across primary/secondary interface to meet the needs of the individual (including social needs). This may include the need to contribute to social care in emergency situations (EC21).
- **Manage a patient caseload which achieves the best possible outcomes for the individuals** (SFHCMI1) through risk stratification. Ensure people needing complex care are supported to manage the severe consequences of treatment and/or advanced and active disease alongside their other health conditions. This requires frequent reassessments, care monitoring and reviews according to need and MDT.
- **Organise a programme of support following withdrawal from treatment** (SFHCHS97) and, when necessary, **liaise between primary, secondary and community teams** (SFHGEN44) in order to support the individual’s decision without prejudice.

 * Level relates to Skills for Health competency level, not Agenda for Change level

2206236 Person Centred Care Competency Framework.indd 42-43 06/11/2019 12:22

Management and leadership

- **Provide leadership in your area of responsibility** (CFAM&LBA2) by directing, leading and motivating staff to ensure a high standard of professionalism, efficiency and effectiveness in service delivery. Ensure activity is aligned to patients, service, organisational and national priorities. Promote and influence others to incorporate personalised care into practice, utilising the 'Right by You' model.
- **Develop and maintain your professional networks** (CFAM&LAA3), actively seeking opportunities to promote, publicise and disseminate the role and person-centred care. Take part in local and national, professional and multidisciplinary events, presentations, workshops, formal teaching, conferences, networking and, if appropriate, publications as required.
- **Develop and maintain productive relationships with colleagues** (CFAM&LDD1). Build and maintain good and strong influential relationships with colleagues, staff, internal and external stakeholders.
- **Monitor your own work practices** (SFHGEN23) and **manage and organise your own time and activities** (HT4). Be financially responsible for equipment, ordering investigations and prescribing treatments, and ensure they are cost effective. Act within legislation, policies and procedures relating to information governance.
- **Ensure compliance with legal, regulatory, ethical and social requirements** (CFAM&LBB4). Understand and act within the organisation's governance framework, including incident reporting, raising of concerns, poor performance and responding to patient feedback. Work within organisation's guidelines to manage, review and identify learning from patient/carer complaints, clinical incidents, including near miss events. Effectively manage complaints and concerns from patients, families, carers and visitors to the organisation.
- **Promote, monitor and maintain health, safety and security** (SS03) by continually assessing and monitoring risk in own and other's practice. Challenge others about risk factors.
- **Promote the rights and diversity of individuals** (SCDHSC3111). Promote a culture which values and respects the diversity of all individuals and their capacity to exercise their rights in the workplace.
- **Provide psychological (and emotional) support to team members** (SFHGEN42) who may become distressed from upsetting situations, such as patients deteriorating or dying. This may be in the form of restorative supervision or signposting to occupational health if necessary.

Research and quality

- **Improve quality of health and healthcare through audit and evaluation** (PHS08) by participating in audit, data collection and activity monitoring to improve performance and inform future service developments. This involves the use of and/or developing and writing clinical and operational policies and procedures in collaboration with the wider healthcare and social care team.
- **Assist in research work** (R&D8a). Take an active role in relevant research projects within the policy framework of the organisation.
- **Synthesise new knowledge into the development of own practice** (SFHGEN13). Demonstrate evidence-based care and act consistently with quality standards, guidelines and protocols within own and associated clinical areas.
- **Identify and evaluate opportunities for innovation and improvement** (CFAM&LCA1) by contributing to the development of multidisciplinary and multi-agency partnerships. Work with internal departments, external health and social care, and other stakeholders.

Professionalism and education

- **Act within the limits of your own competence and authority** (SFHGEN63). Ensure escalation to Consultant Practitioner when further input is required. Be aware of health and safety aspects of the work, ensuring health and safety policies and procedures are applied within own practice. This includes the prompt recording and reporting of accidents, incidents and near misses.
- **Engage staff in change** (CFAM&LCA3) by supporting others effectively during times of change. Work with others to overcome problems and tensions, ensuring that workload is managed effectively.
- **Uphold the rights of individuals** (SCDHSC0234). Challenge behaviour and practice, which serve to undermine the rights of others, and take action when necessary – addressing discrimination and poor practice. Recognise and promote the importance of people's rights and interpret them in a way that is consistent with procedures, policies and legislation, including compliance with consent policy. Determine mental capacity and act in the best interests of the patients at all times. Work within a legal framework for those who lack capacity to consent to treatment.
- **Develop your practice through reflection and learning** (SCDHSC0033) and **develop your own knowledge and practice** (SCDHSC0023) by taking responsibility for own learning and performance. This includes maintaining and advancing specialist knowledge in cancer services, and involves actively seeking and participating in peer review of own practice. Learn from examples of case management to improve service delivery and patient experience. Participate in mandatory training and attend identified education programmes and clinical skills training which underpin the ongoing development of the role.
- **Make use of supervision** (SFHGEN36). Prepare for and take an active part in the appraisal, revalidation, clinical supervision and preceptorship process, including colleagues from other professional backgrounds and disciplines. This involves maintaining a portfolio which includes evidence to demonstrate the impact of the role.
- **Support and challenge workers on specific aspects of their practice** (SFHGEN132). Contribute to the support and development of others by working in collaboration with the team to plan and deliver interventions to meet the learning and development needs of the wider team, in particular junior colleagues and students across all professional groups. This involves providing clinical supervision, coaching, mentoring and assessment as required, within a multidisciplinary setting.



Pamela Seenan – Macmillan Professionals Excellence Awards finalist

2206236 Person Centred Care Competency Framework.indd 44-45

06/11/2019 12:22

Level* 8 role competences

'Clinical Consultants (level 8) have highly specialised knowledge, some of which is at the forefront of knowledge in a field of work which they use as a basis for original thinking and/or research. They are leaders with considerable responsibility, and have the ability to research and analyse complex processes. They also have responsibility for service improvement or development and have considerable management responsibilities. They are accountable for service delivery and have a leading education or commissioning role.'
(Skills for Health 2014)

They provide strategic and professional clinical leadership and consultancy within a specified cancer service. They will take the lead role in maximising the contribution that personcentred care and evidence-based practice makes to the patient journey, including:

- Expert clinical practice
- Clinical professional leadership and consultancy
- Education and professional development
- Practice and service development, and research and evaluation
- Leading and fostering a culture that supports self-management based on the Macmillan 'Right by You' model.
- Participates in research and ensures current research findings are embedded within the service.
- Applies a highly developed theoretical and practical knowledge over a wide range of clinical, technical and leadership functions.
- Acts as a resource for the service or wider area, and will regularly share their skills and knowledge with colleagues and a wider audience.

The Clinical Consultant Cancer Care works as an expert clinician, using high level decision-making skills. Their primary focus is the design and implementation of excellent person-centred care, encompassing cost effective, evidence-based care pathways for people across the whole cancer care pathway within a specialism.

They may have a formal link with higher education institutions. This role works within the parameters of current prescribing legislation. Clinical Consultant Cancer Care is accountable and self-directed in line with the relevant code of professional conduct and maintains current registration with the appropriate professional body.

Person centred-care and expert clinical care

- Provide expert clinical advice and support to patients and other practitioners in relation to clinical decision-making. This is through face-to-face consultation, remote consultation and/or telephone. This will constitute a minimum of 50% of the Clinical Consultant's time.
- Take a lead role in the provision of a clinical specialism within the cancer care environment.
- Act as a point of escalation for other members of the team, where expert advice and support is needed.
- **Communicate effectively in a healthcare environment** (SFHGEN97). Competently manage any barriers to communication in order to effectively understand and meet individual's reported needs. Use a high level of verbal and non-verbal communication skills, with the ability to adapt to a variety of situations. This may include **interacting with individuals using telecommunications** (SFHGEN21.2012)
- **Plan assessment of an individual's health status** (SFHCHS38), reviewing referral details, notes and investigation results to ensure appropriate assessment.
- **Assess an individual's health status** (SFHCHS39). Demonstrates high level clinical knowledge and advanced skills to undertake assessment. This includes accurate clinical history and/or performing a physical examination.
- **Establish a diagnosis of an individual's health condition** (SFHCHS40). Formulate a differential diagnosis and devise, monitor and review evidence-based treatment plans and advice. This could be for one stop clinics or diagnostic clinics.
- **Communicate significant news to individuals** (SFHCHS48) using advanced communication skills, ensuring the individual understands the information and is given the opportunity to ask questions.
- **Support individuals who are distressed** (SCDHSC0226). Demonstrate empathy and compassion whilst establishing the need for psychological support as appropriate, including risk of suicide.
- **Assess individual preferences and needs** (SCHSC0414) and **enable individuals to make informed choices and decisions** (SFHPE1). Facilitate a supportive conversation and undertake or arrange an HNA to establish what matters to the individual and how their needs might be met. This may be through provision of information, advice and/or interventions. It may also include signposting or referral to other services.
- **Brief the team for an individual's health intervention** (SFHCHS104). This may include advocating on behalf of the individual in the MDT or briefing other members of the team about the individual's needs and priorities.
- **Determine a treatment plan for an individual** (SFHCHS41) autonomously or in conjunction with the MDT. Make diagnosis and care management decisions based on interpretation of results, ensuring that optimum physical and psychological needs are met and are ethically based. Make appropriate follow up or referral as needed (e.g. listing for surgery). This includes **establishing an individual's suitability to undergo an investigation** (SFHCHS120) in conjunction with the individual and their family/carer.
- **Prioritise treatment and care for individuals according to their health status and need** (SFHCHS121) through ongoing review, evaluation of treatment and any concerns raised by the individual – particularly in complex cases.

2206236 Person Centred Care Competency Framework.indd 46-47 06/11/2019 12:22

- In some settings, such as the Acute Oncology Service, you may need to **investigate and diagnose an individual presenting symptoms that require emergency assistance**:
  - **Breathlessness** (EC11A)
  - **Pain** (including chest and abdominal pain) (EC11C)
  - **Fever** (EC11I)
- **Prepare prescriptions for prescription-only medication** (SFHCHD HK1). Act as an independent prescriber, working within parameters of agreed clinical guidelines and in accordance with current legislation regarding the supply and prescribing of medications. This includes the ongoing monitoring, assessment, evaluation and revision of medication.
- **Coordinate the implementation and delivery of treatment plans** (SFHCHS88) by taking overall responsibility for appropriate stratification of cases.
- **Arrange services and support with other healthcare providers** (SFHCHS98). Act as a referral agent and care co-ordinator by establishing multi-agency collaboration across primary/secondary interface to meet the needs of the individual (including social needs). This may include **the need to contribute to social care in emergency situations** (EC21).
- **Manage a patient caseload which achieves the best possible outcomes for the individuals** (SFHCMI1) through risk stratification. Ensure people needing complex care are supported to manage the severe consequences of treatment and/or advanced and active disease alongside their other health conditions. This requires frequent reassessments, care monitoring and reviews according to need.
- **Organise a programme of support following withdrawal from treatment** (SFHCHS97). This requires the **ability to liaise between primary, secondary and community teams** (SFHGEN44) in order to support the individual's decision without prejudice.
- A Clinical Consultant in Cancer Care is expected to manage all presentations into their specialist cancer care environment, seeking peer support and supervision as required. This can be face-to-face, by telephone or via remote settings (e.g. video link). It is supported by written information that is consistent with verbal or electronic information.
- They may be required to expertly carry out procedures and interventions that demand highly advanced levels of knowledge, skills, dexterity and accuracy (e.g. endoscopy and flexible cystoscopy).
- **Act within the limits of your competence and authority** (GEN63). Acknowledge any limitations in knowledge and skills, and exercise professional judgments to know when and when not to undertake a clinical activity. Escalate to Clinical Director or other appropriate senior colleague when clinical decision-making support is required.

Clinical professional leadership and consultancy

- **Lead your team** (CFAM&LBA3). Provide visionary leadership. Motivate and inspire others to deliver the best multidisciplinary, person-centred care for people who live with or are affected by cancer. Use high level verbal and non-verbal communication skills,with the ability to adapt to a variety of situations. This includes clinical leadership to members of the multidisciplinary team who work in the specialist cancer setting.
- **Identify and evaluate opportunities for innovation and improvement** (CFAM&LCA1). Challenge professional and organisational boundaries in the interests of patients, carers and staff to improve care outcomes. Work in partnership with other healthcare professionals/agencies, influencing the development of innovative, effective and multidisciplinary ways of working. This is through co-ordinated and integrated approaches to care such as Macmillan's 'Right by You' model, implemented across secondary, primary and voluntary sectors.
- **Manage people's performance at work** (CFAM&LDB4). Direct, lead and motivate staff to ensure a high standard of professionalism, efficiency and effectiveness in service delivery, meaning activity is aligned to service and organisation priorities. Promote and influence others to incorporate person-centred care into practice. Continually assess and monitor risk in own and other's practice and challenge others about risk factors.
- **Use information to make effective decisions** (CFAM&LEC5). Identify and bridge service and professional gaps, and work with other consultants and senior practitioners to lead and develop services for people requiring specialist cancer services. This includes the ability to process complex, sensitive or contentious information, leading to strategic plans that will drive change across the specialist cancer service and its partners. It also includes effectively managing complaints and concerns from patients, families, carers and visitors to the organisation.
- **Manage yourself** (CFAM&LAA1). Exercise the highest degree of professional autonomy by displaying a wide understanding of highly complex contributing factors, requiring analysis and interpretation.
- **Represent your area of work in meetings** (CFAM&LDD7), building and maintaining good and strong influential relationships with colleagues, staff, internal and external stakeholders.
- **Implement change** (CFAM&LCA4). Explore and facilitate opportunities for change, empowering staff ownership and ensuring robust systems of evaluation are in operation. Contribute to debates within the multi-professional arena by challenging current structures/traditional ways of working which may limit or inhibit services.
- **Promote staff wellbeing** (CFAM&LDB9) and demonstrate compassionate leadership, engendering a culture of healthy work practices.
- **Provide supervision to other individuals** (SFHGEN35), primarily Advanced Clinical Cancer Care Practitioners and other team members as required.
- **Lead practice that promote the rights, responsibilities, equality and diversity of individuals** (SCDHSC0452).

2206236 Person Centred Care Competency Framework.indd 48-49
06/11/2019 12:22

Practice and service development; research and evaluation

- **Translate research and development findings into practice** (SFHR and D14) and (SFHCHS128) develop evidence-based clinical guidelines. Promote and demonstrate high-quality, evidence-based practice by implementing the findings from research – locally, nationally and internationally – to enable the delivery of specialist cancer services. This includes the selection and design of complex clinical audit and dissemination/implementation of the findings.
- **Develop clinical protocols for delivery of service** (SFHCHS170) and integrate different aspects of practice to improve outcomes for patients.
- **Design assurance programmes in healthcare** (SFHCHS198). Promote and influence the clinical effectiveness of person-centred care in collaboration with other providers, taking into account national quality developments.
- **Produce a research and development plan** (SFHRandD6). Explore research and practice development opportunities within the specialist cancer service and create a culture of research.

Act as a resource to staff in the development of agreed research protocols. Enable and support staff at all levels to develop research skills and integrate these into practice. This includes **establishing links with academic/ research institutions and may include carrying out clinical trials in healthcare** (SFHCHS215).

- **Develop procedures for delivery of services** (SFHCHS171). Generate new solutions that will best meet the needs of patients and carers. Think creatively about own and other's practice and facilitate the design of the organisation and systems of work. This includes patient and public involvement in the planning and delivery of patient-centred, evidence-based practice.
- **Contribute to innovation in a business environment** (CFA_BAA112). Actively seek opportunities to promote, publicise and disseminate the role of specialist cancer care services. Take part in local and national, professional and multidisciplinary events, presentations, workshops, formal teaching, conferences, networking and, if appropriate, publications as required.

Education and professional development

- **Facilitate and engage individual learning and development** (LSILADD07 and LSILADD08). Lead and review the educational needs of the specialist cancer service and the healthcare professionals working within it. Take responsibility for the design and delivery of the Education and Professional Development programme within the specialist cancer service. This includes the **ability to undertake coaching or mentoring** (LSICM05) with members of your team.
- **Communicate information and knowledge** (CFAM&LEC4). Contribute to the wider development of their area of practice through publishing and disseminating developments in the interests of patients and carers.
- **Develop your knowledge skills and competence** (CFAM&LAA2). Link with Clinical Specialists and other Clinical Consultants which may be from outside own expert field of practice and undertaking: **peer training and mentoring** (CCSCCS18). This involves multi-professional supervision in order to promote transdisciplinary practice.
- **Promote knowledge management and sharing** (CFAM&LAC1). Facilitate and develop a learning environment amongst the multidisciplinary team, which includes reflective practice and work-based learning, so that specialist cancer services continuously improve and develop.
- **Develop and sustain productive working relationships with stakeholders** (CFAM&LDD2). Maintain and foster genuine partnerships with higher education institutions and professional bodies.

2206236 Person Centred Care Competency Framework.indd 50-51 06/11/2019 12:22

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So whatever cancer throws your way, we're right there with you.

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