
Training for Pharmacists Involved in Haematopoietic Cellular Therapies

Lead Organisation: iMATCH

Author: The Christie NHS Foundation Trust

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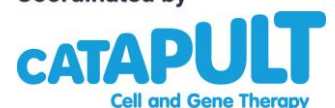
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5.0

Changes from previous Version

Previously: DOC618 Format Change Only

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1.0 Introduction & Scope

This document outlines the framework and key aspects of training for pharmacists practicing within haematopoietic cellular therapies at The Christie.

Essential training and continued education in the field of oncology and transplantation seeks to offer assurances relating to patient safety and clinical management. Educational review and appraisal contribute to structured development of pharmacists working in this highly specialist area.

2.0 Responsibilities

The Programme Director, Quality Manager, Stem Cell Laboratory Manager and Ward Nursing Leads are responsible for ensuring staff who are required to carry out activities described in this document receive a copy via the Q Pulse document distribution system.

All staff who are required to undertake activities described in this document must read and acknowledge receipt of this document, and where training is required shall not undertake described activities unsupervised until relevant training has been delivered.

There will be a designated programme pharmacist who will have senior oversight and leadership of the pharmacists involved in management of patients receiving haematopoietic cellular therapies. They will also be involved in the development and implementation of guidelines or SOPs related to the pharmaceutical management of cellular therapies.

All pharmacists involved in the management of patients receiving haematopoietic cellular therapies must be registered with the General Pharmaceutical Council and meet their requirements for continual professional development (CPD). The specialist nature of haematopoietic cellular therapies requires additional training for pharmacists.

The designated programme pharmacist is responsible for training ward pharmacists in haematopoietic cellular therapies.

The programme pharmacist and their deputy(s) will be required to undertake at least 10 hours of CPD related to cellular therapies.

3.0 Objectives

This document outlines the process for training and education of Pharmacists involved in HCT therapy in The Christie Hospital

4.0 Training and Competence

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Prior to implementation of any new or revised procedure there shall be a review and if considered appropriate training and competency shall be delivered prior to implementation of the procedure.

5.0 Procedural Statements

An introduction to haematopoietic cellular therapies including haemato-oncology, with ward visit and attendance at a haematology ward round is included as part of the induction programme for all pharmacists.

Pharmacists will undergo a period of training and assessment on the Palatine ward in preparation for providing clinical pharmacy support to the ward. This will include attendance at ward rounds and assessed accompanied ward visits (AWV) (see appendix 1).

Pharmacists are required to have training in:

- Overview of haematology/oncology patient care including cellular therapy process, cytokine release syndrome and neurological toxicities.
- Therapeutic drug monitoring, including, but not limited to, anti-infective agents, immunosuppressive therapy, anti-seizure medications, and anticoagulation
- Monitoring for and recognition of drug/drug and drug/food interactions and necessary dose modifications
- Recognition of medications that require adjustment for organ dysfunction

Training of designated programme pharmacist will include 1 year of supervised training in the management of haematology/oncology patients, including hematopoietic stem cell transplant recipients.

Documentation of training will include:

- Prevention and treatment of viral, bacterial and fungal infections.
- Febrile neutropenia.
- Nausea/vomiting and mucositis.
- Treatment of acute and chronic GVHD.
- Stem cell mobilization regimens.
- High-dose chemotherapy preparative therapy.
- Long-term follow-up medication, including vaccinations.
- Prevention and treatment of other complications associated with cellular therapy, including, but not limited to, veno-occlusive Disease (VOD)/sinusoidal obstruction syndrome (SOS), bronchiolitis obliterans syndrome (BOS), bronchiolitis obliterans organizing pneumonia (BOOP), haemorrhagic cystitis, and iron overload.
- Pain and palliative care.

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- Clinical screening logs signed off as competent for clinically screening haemato-oncology prescriptions, including transplant conditioning regimens.

Pharmacists who providing support to the ward will attends a minimum of 5 one-hour tutorials provided by the designated program pharmacist or their deputy.

The subjects of these tutorials will be:

- Transplant conditioning regimes
- Acute Myeloid leukaemia
- Acute Lymphoblastic Leukaemia
- Myeloma
- CAR-T therapy

All ward pharmacists will be familiar with the following SOPs via Q-Pulse. The following SOPs are part of the core curriculum for pharmacists in haematopoietic cellular therapies:

- Haematology summary of prophylaxis.
- Prevention, management and treatment of CMV in stem cell transplant patients.
- Antifungal prophylaxis and treatment.
- Graft versus host disease prophylaxis
- Management of hepatic Veno-Occlusive Disease (Sinusoidal-Obstructive Syndrome)
- Guidelines for the Management of Cytokine Release Syndrome (including Neurological Events) Associated with Cancer Immunotherapies
- Leukaemia Manual

Prior to screening chemotherapy prescriptions for patients for haematology-oncology patients, pharmacists must have completed the Competency based training programme for the clinical screening of systemic anti-cancer treatment prescriptions.

Ward pharmacists should have completed or be completing the Haematopoietic Stem Cell Transplantation and Cellular Therapies Training Passport for Pharmacists, available on the web or app based 'BOPA SACT passport'. The Programme Pharmacist or Deputy will assess pharmacist's competencies in the online training Passport.

The HSCT and cellular therapies competencies expire 1 year after completion at which time the pharmacist either completes a self-assessment as competent or completes the relevant modules again if there has been a break in practice. The AWW paperwork is in the SCT quality drive.

6.0 Monitoring Compliance

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Compliance to this document will be monitored by a combination of audit where applicable, non-conformance monitoring and Datix incident reporting.

7.0 Dissemination/Distribution

This document will be distributed to staff members who need visibility of the document via Q Pulse.

8.0 References and Related Forms, Labels, Policies and Procedures

N/A

9.0 Approval Process & Review Process

All new procedures are approved by the Clinical Program Director or approved designate before implementation of the procedure.

Revisions to existing procedures will be approved by the Clinical Director or approved designate prior to implementation.

Procedures will be reviewed every 2 years as a minimum.

10.0 Appendices

ACCOMPANIED WARD VISITS FOR CHRISTIE PHARMACISTS

The assessed accompanied ward visit (AWV) is used as a method of peer review for clinical oncology pharmacists.

The aims of the AWV are to provide/aid with:

- Identification of training needs
- Self-directed learning
- Formative assessment
- Evaluation of the methods of practice of pharmacy staff including:
 1. Orientation onto wards
 2. Awareness of policies/protocols/guidelines
 3. Practice according to clinical standards established
 4. Awareness of chemotherapy/radiotherapy within the trust

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The senior ward pharmacist will accompany the new pharmacist every day for the required number of weeks depending on the need of the trainee, and by the end of that period an assessment will be made and documented under column A. If the new pharmacist is able to perform confidently and efficiently at a satisfactory level of at least 2 from the 4-point scale table as below, then the new pharmacist is able to begin the ward activities on their own.

Further two more AWV will be performed. The second AWV, in the middle of the rotation documented under B, and the third documented under C. By end of the rotation the trainee pharmacist will be signed off as trained when satisfactory level of minimum 2 is achieved under the 4-point scale, and also the competency portfolio of the ward in their training manual has been produced and signed off by the senior ward pharmacist.

Feedback should be provided as soon as possible after the visit, ideally on the same day.

Prior to the visit pharmacists should discuss:

- Prior objectives related to personal needs
- Prior objectives related to the patients' needs
- Continuing identified areas of development

The assessment rating is on four-point scale:

Point	Rating	Definition
1	Always	Demonstrated the expected standard of practice within very rare lapses
2	Mostly	Implies standard practice with occasional lapses
3	Sometimes	Much more haphazard than mostly
4	Never	Very rarely meets standard expected, no logical thought process appears to apply

The main areas of competency are

- Delivery of all aspects of patient care
- Problem solving
- Personal
- Communication with other members of nursing, medical and pharmacy staff Pharmacist

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Delivery of Patient Care

Ward

Competencies

Assessed Accompanied ward Visit A B C

Date

Need for the Drug				
Relevant Patient Background				
Drug history				
Selection of Drug				
Interactions - Drug-Drug - Drug-Patient - Drug-Disease Appropriate choice of medication	Identified Prioritized Appropriate action taken Supportive therapies for chemotherapy/radiotherapy regime or other conditions			
Administration of Drug				
Calculation of appropriate dose	Appropriate dose is ensured			
Selection of dosing regimen (route & time)	Appropriate regime is ensured			
Selection of formulation & concentration	Appropriate formulation & concentration is ensured			
Monitoring Drug Therapy				
Identification of pharmaceutical problems	Pharmaceutical problems are identified			
Prioritisation of pharmaceutical problem	Pharmaceutical problems are accurately prioritised			
Use of guidelines	Recent clinical guidelines are accurately applied			
Resolution of pharmaceutical problem	Appropriate pharmaceutical problems are resolved			
Medicines Information & Patient Education				
Need for information is identified	Patient need for information is accurately identified. Also applies to medics/nursing staff			
Accurate & reliable drug information is communicated	Accurate & reliable medicine information is communicated			
Provision of written information	Appropriate information is always provided			

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Pharmacist

Ward

Problem solving

Competencies

Assessed Accompanied ward Visit A B C

Date

Gathering Information				
Access information	Able to access information from appropriate information sources			
Abstract information	Abstracts key points from information gathered			
Knowledge				
logic	Demonstrate logical thought process to problem solving			
Patho-physiology	Knowledge of patho-physiology			
pharmacology	Able to discuss how drugs work			
Side effects	Able to discuss major side effects of drugs			
Analysing Information				
Evaluate information	Is able to evaluate information gathered			
Appraise options	Considers various options to resolve a problem			
Decision making	Demonstrate clear decision making			
Providing Information				
Provides accurate information	Take responsibility & assesses information			
Provides relevant information	Tailors the information provided			
Provides timely information	Provides information in a timely manner			
Follow Up				
Ensures resolution of problems e.g. communication with HCP	Monitoring patients' needs in community			

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Pharmacist
Personal Competencies

Ward

Competencies

Date

Organisation				
	Assessed Accompanied ward Visit	A	B	C
Prioritisation	Priorities work well			
Initiative	Demonstrate appropriate initiative when required			
Efficiency	Use time efficiently			
Communication With				
Nursing staff	Communication is precise and appropriate			
Medical staff	Communication is precise and appropriate			
Other HCP's	Communication is precise and appropriate			
Other pharmacy staff	Communication is precise and appropriate			
Team Work				
Pharmacy team	Recognizes value of other team members			
	Works effectively as part of a team			
Multidisciplinary team	Recognizes value of other team members			
	Works effectively as part of a team			
Professionalism				
The prescription is unambiguous	Clarity of prescription is ensured			
The prescription is legal	Legality of prescription is ensured			
Monitoring Drug Therapy				
Recognition of limitation	Recognises of limitation			
Documentation	Appropriate information is documented			

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Consultation with patient and carers	Consults appropriately			
Responsibility for own action	Take responsibility for own action			
Responsibility for patient care	Take responsibility for patient care			

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PERSONAL RECORD OF ASSESSED ACCOMPANIED WARD VISIT

Name.....
Accompanying Pharmacist Ward
Visited:
Date:

Objectives Identified Prior to AWV or Continued from Last AWV	Areas of Development/Comments

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Assessment Point Score (1-4):

Evaluation of Accompanied Ward Visits

Please complete the following questions, this will enable us to evaluate the effectiveness of the accompanied ward visits (AWV). Thank you for your cooperation.

On a scale of 1 – 5, with 1 representing strongly disagree and 5 strongly agree, please circle the number you feel most closely represents your experience of the accompanied ward visit system.

Did you find the AWV:

Beneficial?

1 2 3 4 5

Supportive?

1 2 3 4 5

Identified areas to develop?

1 2 3 4 5

Identified areas of good practice?

1 2 3 4 5

Provided peer support?

1 2 3 4 5

What was the most positive aspect of the AWV?

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