
SOP: Training for Pharmacists involved in Haematopoietic Cellular Therapies

Organisation: The Christie NHS Foundation Trust

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STANDARD OPERATING PROCEDURE (SOP)

**TITLE: TRAINING FOR PHARMACISTS INVOLVED IN
HAEMATOPOIETIC CELLULAR THERAPIES**

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Revision details: Updates to competencies

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1.0 INDICATIONS OF PRACTICE

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 AUTHORISED PERSONNEL/TRAINING REQUIRED

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.

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3.0 PROCEDURE

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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Pharmacists who providing support to the ward will attends a minimum of 4 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

All ward pharmacists will be familiar with the following SOP's via Q-Pulse. The following SOP's 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, prepared by the UK BMT Pharmacists' Group. This is available in the pharmacists training folder of the SCTQualityManagement drive. The Programme Pharmacist or Deputy will assess pharmacists competencies in the training Passport.

4.0 FURTHER INFORMATION/EXCEPTIONS

N/A

5.0 REFERENCES

N/A

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6.0 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

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

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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

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Pharmacist

Ward

Delivery of Patient Care

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			

Comments:

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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		

Comments:

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Pharmacist

Ward

Personal competencies

Competencies

Date

Organization						
	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					
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					

Comments:

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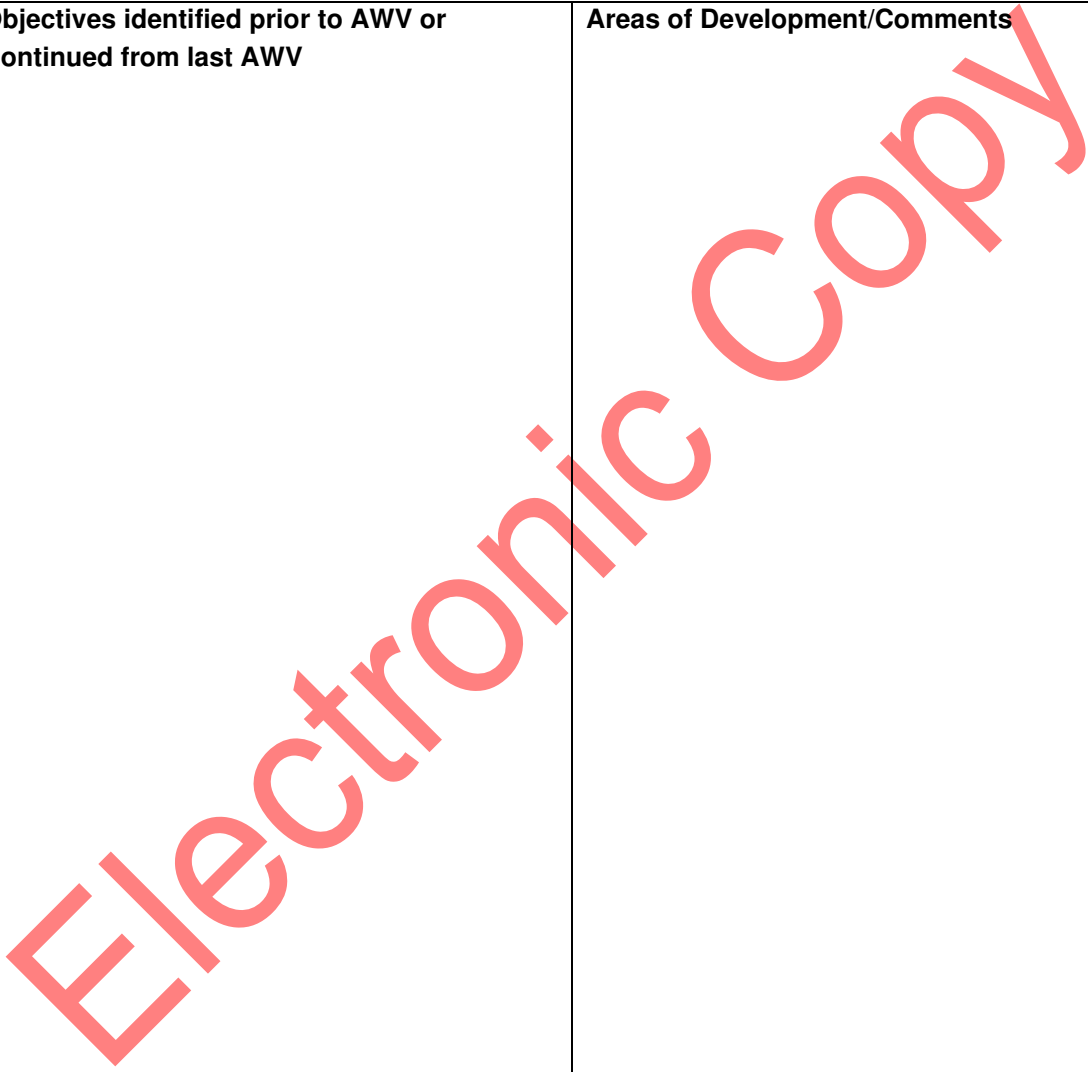
PERSONAL RECORD OF ASSESSED ACCOMPANIED WARD VISIT

Name.....

Accompanying Pharmacist

Ward visited:

Date:

Objectives identified prior to AWV or Continued from last AWV	Areas of Development/Comments
	

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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 co-operation.

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?