

Prescribing systemic anticancer therapy

Several levels of competency in prescribing SACTs are described and trainees will only be permitted to prescribe under appropriate supervision within their competency level. Progress to the next level of competency requires that trainees are assessed as competent by an appropriate supervisor having demonstrated the required knowledge, skills and behaviours required. Full details are set out in the 2017 Medical Oncology curriculum (available on the [JRCPTB website](#)) and the level at which a trainee is performing should be recorded in the ePortfolio.

This form can be used where a hard copy is required for local governance.

Name of trainee	
GMC number	

Level	Summary description
	Foundation and CMT
0	Can recognise that a patient is receiving systemic cytotoxic or immunosuppressive therapy and alerts senior team members appropriately. No prescription can be undertaken
1	Recognises important adverse effects of cytotoxic or immunosuppressive therapy and recognises that these agents may need to be stopped
	Specialty Training
2	Can undertake a review of a patient receiving systemic anticancer therapy and can authorise the next cycle of treatment to proceed. All prescription requires countersignature
3	Can continue a prescription for systemic anticancer therapy without countersignature but cannot prescribe the first cycle of systemic chemotherapy
4	Can initiate and prescribe systemic anticancer therapy for patients with a range of malignancies, while operating within local guidelines. Can demonstrate appropriate involvement of the patient and carers in decision-making regarding treatment
5	Can demonstrate competence in prescribing at a level expected of a consultant and can make treatment decisions on all appropriate patients including those that fall outside of departmental guidelines by virtue of a rare tumour type or unique patient factors

I confirm that the above named trainee has demonstrated all competencies required to achieve:

Level 0 / 1 / 2 / 3 / 4 / 5 competency (please circle appropriate level)

I have reviewed the required assessment evidence as documented in the curriculum for Medical Oncology

Signed:

Designation:

Date: