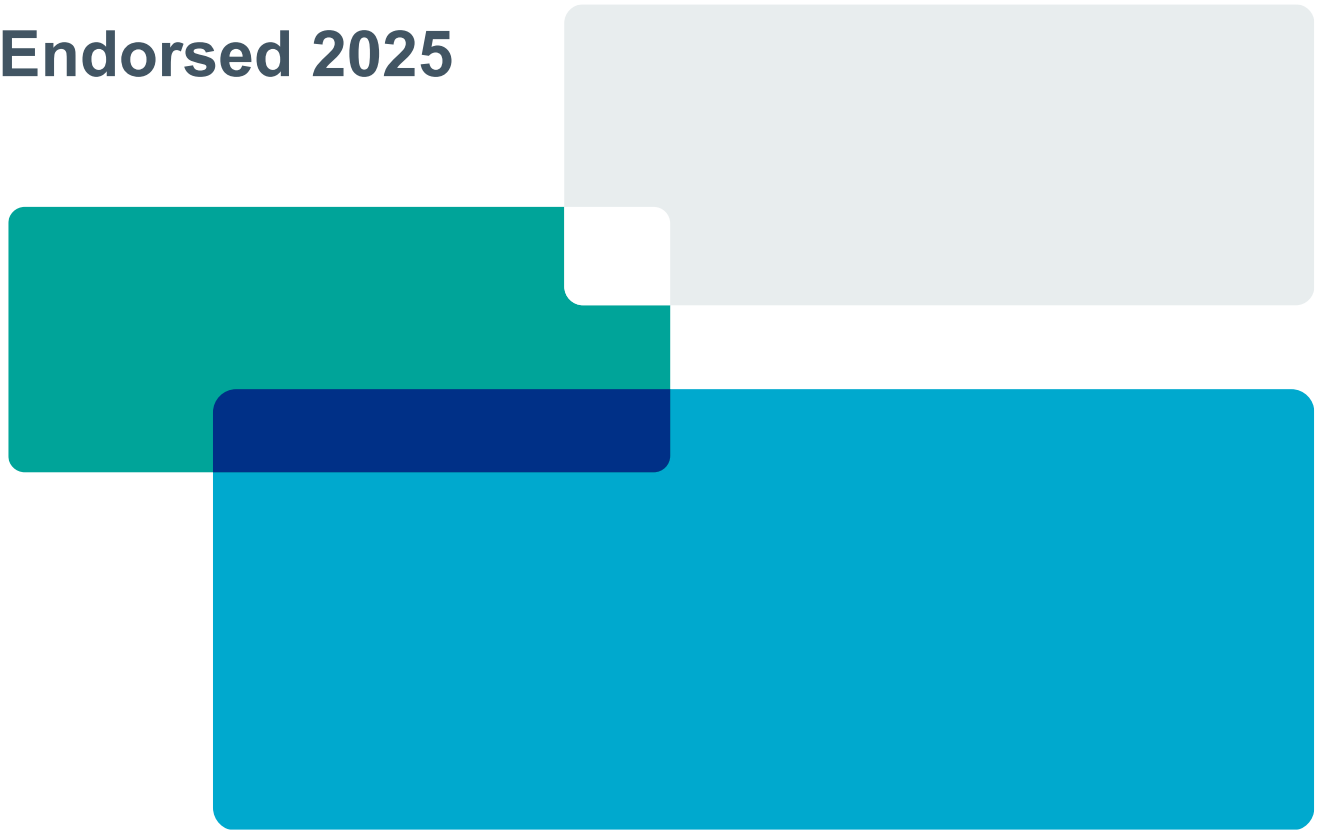
NHS England

The Centre for
Advancing Practice

Non-Surgical Oncology Advanced Practice Area Specific Capability Framework

Endorsed 2025



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Endorsement by NHS England's Centre for Advancing Practice

This framework has met the Centre for Advancing Practice's criteria for endorsement as a multi-professional area specific capability and curriculum framework and is ready for delivery.

It will be kept under periodic review to ensure that it remains current and responsive to changing population, patient care, service delivery and workforce needs.

Further information on the Centre's approach to area specific capabilities is available here: https://advanced-practice.hee.nhs.uk/

This framework is supported the Society of Radiographers.

This framework is endorsed by Macmillan Cancer Support. The use of the Macmillan name and logo is acknowledged as ©Macmillan Cancer Support.

Contents

Glossary of terms

Acronym/ Abbreviation	Full term	Meaning
AP	Advanced Practitioner	A practitioner working at an advanced level of practice across the four pillars of practice within a defined scope of advanced practice.
ACP	Advanced Clinical Practitioner	A practitioner working at an advanced level of practice across the four pillars of practice within a defined scope of advanced practice.
tAP	Trainee Advanced Practitioner	A trainee practitioner completing education and training towards an advanced level of practice across the four pillars of practice within a defined scope of advanced practice.
tACP	Trainee Advanced Clinical Practitioner	A trainee practitioner completing education and training towards an advanced level of practice across the four pillars of practice within a defined scope of advanced practice.
MPF	Multi-professional advanced practice framework	English multi-professional guidance on advanced practice.
ACCEND	Aspirant Cancer Career and Education Development programme.	NHSE and Macmillan Framework to embed cancer knowledge, skill, and attributes across all levels of practice.
SACT	Systemic Anti-Cancer Therapy.	As defined by the UK SACT Board chemotherapy, targeted therapies and immunotherapies, as well as other agents used to treat cancer.
AOS	Acute Oncology Service	Service to support acute oncology emergencies.
ILP	Individual Learning Plan	An active document held by an individual to support continuing development.
IRR	Ionising Radiations Regulations	National legislation
IR(ME)R	Ionising Radiation (Medical Exposure) Regulations	National legislation

1. Introduction

1.1. Terminology used in advanced-level practice

The terms "Advanced Practitioner" and "Advanced Clinical Practitioner" are among the current titles used to refer to those working within advanced practice. Advanced practice refers to a specific level of practice, and it is recognised that the terms are not consistently used across clinical practice. Therefore, this area specific capability framework relates to healthcare practitioners working at an advanced level of practice within the speciality of non-surgical oncology. A useful definition of this level of practice can be found below from the refreshed NHS England (2025) Multi-professional framework for advanced practice in England:

> Advanced practice is delivered by accomplished registered health and care professionals. It is a level of practice characterised by a high degree of autonomy and designated responsibility for complex decision making. This is underpinned by a Post-Registration master's level award or equivalent undertaken by an experienced practitioner that encompasses all four pillars of clinical practice, leadership and management, education, and research.
>
> Advanced practice embodies the ability to manage care in partnership with individuals, families, and carers. It includes the analysis and synthesis of complex problems, and management of clinical risk and uncertainty across a range of settings, enabling innovative solutions to expedite access to care, optimise people's experiences, and improve outcomes.

Figure 1: Definition of advanced practice

Throughout this document, the term 'advanced practitioner' or AP is used to identify the qualified practitioner at an advanced level of practice. The term 'trainee' is used to refer to a practitioner preparing to work at an advanced practice level (tAP).

1.2. The purpose of the non-surgical oncology advanced practice area-specific capability framework

The purpose of this national area specific capability framework is to inform education and training providers in the development of level seven programmes and modules to support the development of healthcare practitioners working or training at an advanced level of practice in adult non-surgical oncology services. For those who have already achieved level seven education, this area specific capability framework can be used to demonstrate equivalence in their current practice, providing currency for competency and capability. A template in the mapping document is available to support this (see the document for details). This area specific capability framework aligns with the NHS England (2025) Multi-professional framework for advanced practice in England (MPF), the NHS (2023) Aspirant Cancer Career and Education Development programme (ACCEND) and other professional body frameworks such as the Education and Career Framework (The College of Radiographers, 2022) This area specific capability framework is mapped to the current and relevant frameworks.

The provision of non-surgical oncology care is delivered in a variety of settings, from technologically advanced, state-of-the-art, tertiary stand-alone cancer centres to peripherally based services closer to patients' homes. This wide variation in infrastructure and treatment settings means that there is no single delivery model that will be universal throughout the country, and local solutions will need to be developed to cope with the differences in staffing, skill mix, population density, and other factors. The area specific capability framework aims to direct education and training, providing a structure to guide the development of advanced practitioners who are patient-centred, flexible, and adaptable, with the ability to rapidly evaluate and apply new evidence to their practice and service. This ensures the effective management of available resources and positively impacts the patient pathway and experience.

1.3. The rationale for an area-specific capability framework

National policies have long championed the need to improve cancer services and outcomes for patients, such as the NHS (2024) Next Steps on the Five Year Forward View, NHS (2016) National Cancer Strategy, the Scottish Government (2016), Wales Cancer Network (2023), and Government of Ireland (2017) cancer delivery plans and the Health Education England (2017) Cancer Workforce Strategy and the Cancer Research UK (2017) workforce review identifying the need for more specialist oncologists. However, in the recent Royal College of Radiologists (2023) census it was identified that the number of consultant oncologists are still low and were not close to the original targets set to meet increased workforce needs, not to mention service improvement. The (2023) NHS Long Term Workforce Plan recognises the potential of the wider workforce and the expertise they have from their 'root' profession to be able to build upon this foundation to work in a defined scope of advanced practice. The Royal College of Radiologists (2023) Specialty Training Curriculum outlines the wider impact developments which can be seen in **Figure 2.**

- Cancer is predominantly a disease of the elderly and as population life expectancy increases, so will the incidence and prevalence of malignant disease. One in two people born after 1960 will develop a malignancy in their lifetime. Elderly patients often have other co-morbidities and social complexities which will greatly increase the support required to safely deliver all treatment modalities to positively impact on patient reported outcomes and/ or life expectancy.
- With a commitment to facilitate the earlier diagnosis of cancer, we will see an increase in the number of patients presenting with localised disease, needing more combined modality therapy to cure.
- More than half of those diagnosed with cancer will now survive for at least 10 years, placing an increased emphasis on survivorship, care in the community and the long- term management of the late effects of cancer and its treatments.
- The development of acute oncology services for the emergency management of patients presenting with problems directly related to treatment toxicities, disease progression or new diagnoses of malignant disease is ongoing. This ensures the most effective route to diagnosis and suitable treatment, including end of life care. This will lead to better support of the patient and a reduction in pressure on more general acute medical services.
- The evidence-base and development pipeline for systemic anti-cancer therapies will continue to evolve at a rapid pace. A significant proportion of agents in the current National Institute for Health and Care Excellence assessment pipeline are novel “first-in-class” drugs. The increase in systemic anti-cancer therapies options means that more patients can be treated, and further lines of treatment offered to individual patients, but also new toxicities that cancer professionals need to develop the skills to recognise and manage.
- Advances in radiotherapy techniques and artificial intelligence have also progressed rapidly over the past few years and will continue to do so, requiring service development including quality assurance and, in the case of radiotherapy techniques, additional planning time.
- Recent technological advances in cancer genomics will drive personalised medicine with treatments being used increasingly more selectively for the specific patients most likely to benefit. The implementation of personalised medicine will place further demand on the oncology workforce to terms of requirements for a more in-depth understanding of the scientific basis of treatments, the ability to communicate this to patients, carers, and relatives, ensuring all patients have access to the appropriate therapeutic options.

Figure 2: Royal College of Radiologists (2023) Specialty Training Curriculum

The ability to meet these needs has been affected by workforce capacity issues within the medical workforce, in turn, influenced by changes in medical working patterns and medical workforce availability both nationally and internationally. It is accepted that medical consultant non-surgical oncology numbers need to expand, but also that there are many opportunities to support that workforce and service provision, by expanding the roles and numbers of advanced practitioners from a wide range of healthcare backgrounds. It is recognised that there is a wealth of expertise in other health professions working in non-surgical oncology, whose involvement in working in partnership with the medical workforce can have a positive impact on service delivery. It is important to identify at this point those practitioners working at this level of practice may be performing activities commonly undertaken by clinical or medical oncologists. Advanced practice is defined by the level at which an activity is performed rather than a particular named activity. In designing a service, consideration needs to be given to the level of the activity and the most appropriately trained person to complete each activity. As well as providing an exciting opportunity for career progression and role development across the healthcare workforce, there is growing evidence that such roles also offer significant improvements in team working, quality and safety of care, [13] and has a positive impact on staff retention. The skills mix in oncology is mature and welcomed by all healthcare professions and is important to service delivery in most oncology departments. However, advanced practice roles have developed organically, meaning a lack of standardisation of roles, responsibilities, and training, as well as inconsistency in terms of banding and pay (Khine et al., 2020). In addition to the MPF (NHS England, 2025) and ACCEND (NHS, 2023) the area specific capability framework will also aid development in these areas. It is recognised that there are many advanced practitioners currently working in non-surgical oncology, crucial to service provision, some of whom may wish to consider areas of development to ensure they meet the requirements of this area specific capability framework, in conjunction with their previous level seven academic level training.

This area specific capability framework aims to support the education and training of tAPs in non-surgical oncology, ensuring those who complete this area specific capability framework are patient-centred and have the specialist expertise, knowledge, skills, and behaviours required to meet and manage complex non-surgical oncology care within their advanced scope of practice. Considering the other pillars of practice (education, leadership and research), the qualifying AP will be resilient, applying the evidence base to their practice, advocating for the patient across the multi-disciplinary team (MDT), leading change, and providing supervision and education across healthcare within their advanced scope of practice.

Alignment with the area specific capability framework (which is mapped to the wider national resources such as the MPF (NHS England, 2025) and ACCEND (NHS, 2023) will allow advanced practitioners to provide evidence of their capabilities within their advanced scope of practice to service providers, service users and the wider advanced practice community, highlighting the currency, variety of roles and career progression that can be achieved in non-surgical oncology and how this can be maintained.

The AP will apply their unique professional expertise to enhance service delivery and care pathways, lead in research and education, and assume certain roles and responsibilities also

held by oncology consultants and their trainees. The capabilities in practice described in this area specific capability framework are taken and adapted, from the Royal College of Radiologists (2023) Specialty Training Curriculum developed jointly by the Royal College of Radiologists and the Joint Royal College of Physicians (2021) Training Board and the Curriculum for Medical Oncology Training developed by the Royal College of Physicians, where the Specialty Training Third (ST3) year is jointly studied. The rationale for this is that the capability and level of clinical practice are defined in the same way as those in the specialty training curriculum, although the advanced practitioner's role will have a narrower, and more clearly defined level and advanced scope of practice. It is also recognised that currently much of the clinical supervision of advanced practitioners in training and practice is delivered multi-professionally by the same supervisors as those supervising medical staff. Hence a common, or very similar supervision, support and assessment strategy was deemed helpful. Further information on supervision can be found in the implementation document.

It is important that advanced practitioners develop skills and theoretical knowledge to the same level within oncology and will be empowered to make high-level decisions of a similar level of complexity and responsibility. Therefore, all advanced practitioners must demonstrate skills in all four pillars of practice (clinical, education, leadership management and research) (figure 3).

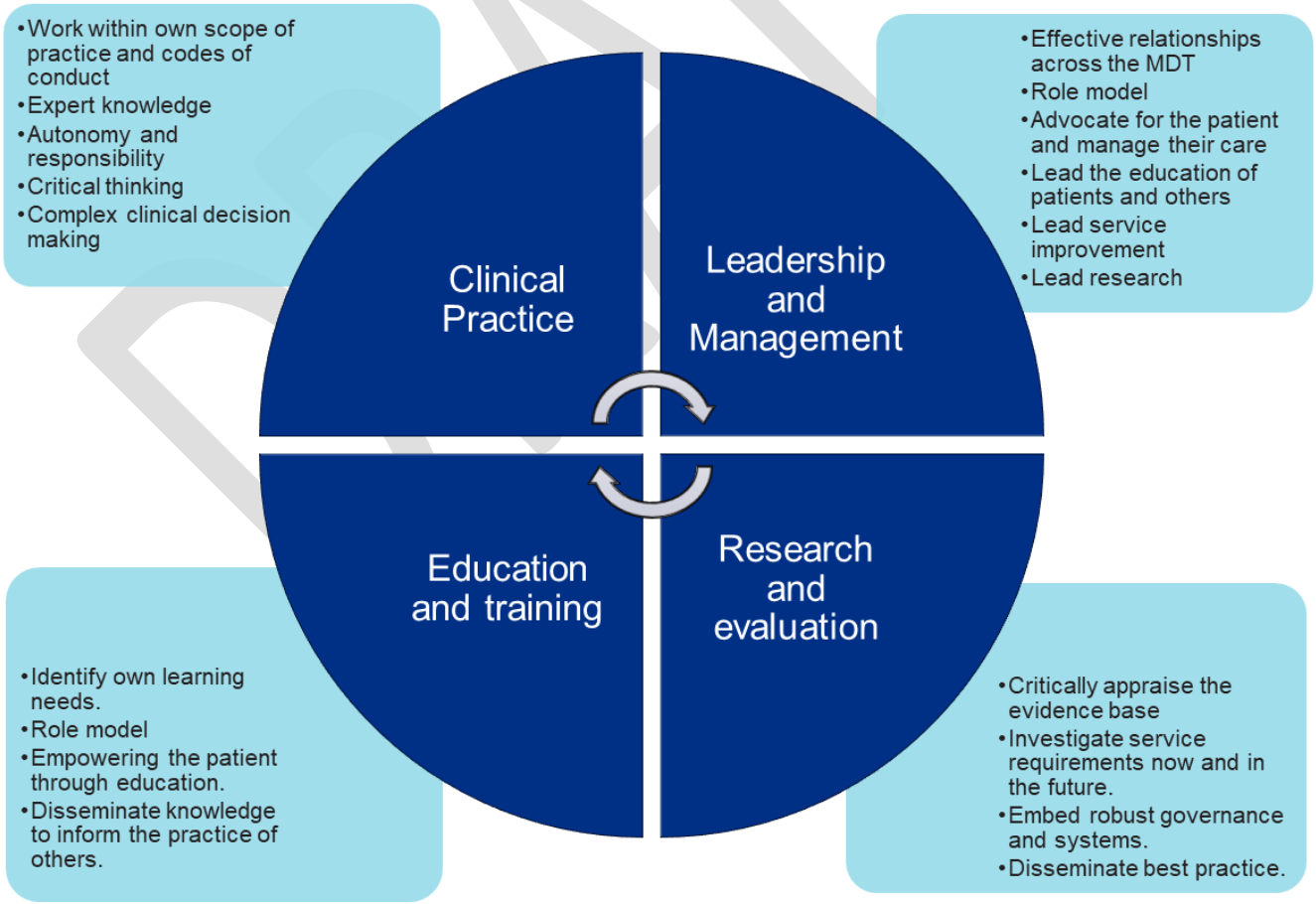

Figure 3: The four pillars of advanced practice - adapted from the MPF (NHS England, 2025)

1.3.a Legislative requirements

Several legislative requirements need to be considered with non-surgical oncology advanced practice.

The UK Statutory Instruments (2017; 2018a; 2018b) provide the legislation for the use of Ionising Radiation for Medical Exposures and applies to diagnostic and therapeutic radiation. It should be noted that any form of role extension of an individual's role under IR(ME)R may change, so this should be underpinned by appropriate education and training and be reflected within local governance arrangements. It should be noted that the term IR(ME)R practitioner has a different definition and restrictions to the term practitioner used within this series of documents. For further IR(ME)R information please review the relevant guidance: Radiotherapy Board | The Royal College of Radiologists (rcr.ac.uk), IR(ME)R: Implications for clinical practice in diagnostic imaging, interventional radiology and diagnostic nuclear medicine | The Royal College of Radiologists (rcr.ac.uk).

Some professional groups within non-surgical oncology can undertake relevant training, which if successfully completed, allows them to become a prescriber under a Patient Group Directive (PGD), a supplementary or an independent prescriber within their defined scope of advanced practice. The employer and the advanced practitioner should comply with the prescribing legislation to mitigate and manage risk to the patient, and the service.

1.4. Who is this area-specific capability framework for?

1.4.a Patients and carers

The underpinning principles of this area specific capability framework are to provide safe, effective and efficient care for the patient throughout their cancer diagnosis, treatment and follow-up. Overtly embedded throughout, are the attitudes and behaviours expected from the advanced practitioner and how these can be developed throughout the training period. Patients and carers need to explicitly respect and trust the practitioner providing their care and this area specific capability framework places significant importance on this, ensuring it will be assessed regularly within the workplace, inclusive of patient and carer feedback.

1.4.b Education and training providers

The area specific capability framework will aid the design and delivery of postgraduate advanced practice training programmes and modules, utilising effective learning, teaching, and assessment strategies. With consistent use across the non-surgical oncology education and training sector, this will enable equality of education against the capabilities in practice, thereby increasing the consistency of capability to strengthen skills mix across non-surgical oncology. Specific links to the application of this knowledge within clinical practice will be evidenced with work-based assessment to ensure competence and capability within the advanced practitioners' defined advanced scope of practice. It is recommended that appropriate quality assurance and accreditation processes (where appropriate) are applied to the programme/ module.

1.4.c Employers

The area specific capability framework provides commissioners of service with a minimum set of capabilities in practice to support the development and planning of the workforce to meet local population needs. Employers and the education team are expected to jointly align the capabilities in practice to be completed, with the advanced scope of practice of the tAP. The area specific capability framework supports the expectation and development of working at an advanced level and is applicable across the multi-professional team working at an advanced level in non-surgical oncology. The knowledge will primarily be delivered via a specific level seven programme/ module of study, but clinical experience and effective learning opportunities within the workplace are expected to enhance the advanced practitioner's development.

1.4.d Practitioners

This area-specific capability provides clear expectations for all those healthcare professionals who are training as advanced practitioners in non-surgical oncology. The tAP working at an advanced level of practice will align with **ALL** the generic and core oncology capabilities in practice. Collectively with their employer and supervisor, they will decide on the specialism-dependent capabilities in practice which align with their advanced scope of practice, job plan and job description.

The area specific capability framework supports career progression and development and engagement in continuing professional development and alignment for current advanced practitioners in non-surgical oncology. Within Performance Review meetings, practitioners can consider equivalence against the capabilities in practice and/or update their Individual Learning Plan (ILP) to ensure their knowledge, skills, attributes and behaviours align.

2. Capabilities in practice

Capabilities in practice for advanced practitioners in non-surgical oncology are divided into three groups: **generic**, **core oncology**, and **specialism** capabilities in practice.

All healthcare professionals working at the level of advanced practice will develop their knowledge, skills, and behaviours to the same standard, by mapping to the MPF and other professional documents. A trainee advanced practitioner in non-surgical oncology will therefore be expected to demonstrate the same professional capabilities at this level of practice as advanced practitioners in other service areas. This requirement is covered by the **generic** capabilities in practice outlined within the curriculum, which is mapped to the four pillars of advanced practice within the MPF (NHS England, 2025) with an application to non-surgical oncology.

The non-surgical treatment of cancer requires a multidisciplinary team, including diagnostic teams, medical and clinical oncologists, radiotherapy, and chemotherapy teams to work closely together to deliver systemic and radiotherapeutic treatments. To practice at an advanced level in non-surgical oncology the trainee advanced practitioner will be expected to understand the whole treatment pathway, modalities, and the therapeutic options available at each stage of disease progression. All advanced practitioners in non-surgical oncology are therefore expected to achieve the **core oncology** capabilities in practice to a minimum level of entrustment.

The trainee advanced practitioner will then achieve a selection of the **specialism** capabilities in practice relevant to their role and advanced scope of practice, refining and defining their area of specialist practice. These capabilities in practice will be selected in partnership with the employer, co-ordinating educational supervisors, trainee advanced practitioners, and higher education institutes. Guidance will be sought from a robust job description, job plan and advanced scope of practice to ensure it is clear what the service requires from the trainee advanced practitioner. This must be completed for all trainee advanced practitioners and advanced practitioners to provide clear governance and mitigate risk to the patient, practitioner, and service.

It is therefore expected that an individual's role and advanced scope of practice will be defined before the start of training, to provide a clear training pathway, while accepting that both may undergo some changes depending on service need, the development of the role and the skills of the trainee advanced practitioner. Examples of individual training programmes are shown in **Appendix 1**.

It is recognised that some more experienced trainee advanced practitioners may already have existing academic and workplace capabilities allowing a more accelerated progression through training. In this case, they would be required to map and evidence their capability and the currency of their practice, for due recognition to be given of their prior learning through appropriate workplace-based and academic governance processes.

2.1. Generic capabilities in practice

To be demonstrated by **ALL** advanced practitioners in non-surgical oncology, the CiP's focus on the wider professional knowledge, skills, and behaviours required to deliver advanced practice across the four pillars of practice, links with the MPF (NHS England, 2025).

1. Applies expert leadership, management, and organisation at an advanced level of practice.
2. Critical understanding and application in practice of the ethical and legal framework related to advanced practice.
3. Applies advanced and effective communication skills through shared decision-making ensuring application of professional judgement and values-based care.
4. Focuses on patient safety, leading, and delivering effective quality improvement in patient care to mitigate and manage risk.
5. Critically appraises the research evidence base and applies it to clinical practice, participates in, and conducts research.
6. Actively engages with continuing professional, and personal development, designs and delivers education and training within their advanced scope of practice.

2.2. Core oncology capabilities in practice

To be demonstrated by **ALL** advanced practitioners in non-surgical oncology, the CiPs focuses on the essential clinical skills and expert knowledge required in oncology by all non-surgical oncology advanced practitioners.

7. Applies expert knowledge and understanding of the scientific and clinical principles that underpin the treatment of malignancy to provide high-quality and safe patient-centred cancer care.
8. Applies expert knowledge to recognise oncological emergencies and provides oncology advice to other healthcare professionals as part of an acute oncology service.
9. Provides expert opinion to the tumour site-specific multi-disciplinary team meeting working effectively to inform evidence-based management plans individual to the needs of each patient, leading discussions, and referring to other health care professionals, where appropriate.
10. Assesses patients at appropriate stages of the cancer pathway from diagnosis to end-of-life care and considers the holistic needs of individuals and the additional needs of vulnerable groups to formulate patient-centred management plans.
11. Acts as an advocate and leader for health promotion and high-quality cancer survivorship, advises on cancer prevention, management of long-term treatment-related sequelae and patient self-management strategies.

2.3. Overview of the specialism capabilities in practice

Focuses on the expert skills required to deliver care within their specialism. The capabilities in practice required by an individual advanced practitioner will depend on their advanced scope of practice.

12. Safely assesses and effectively prescribes Systemic Anti-Cancer Therapy for patients receiving, standard systemic anticancer therapies in the curative, neo-adjuvant, adjuvant, and palliative settings.
13. Safely and effectively manages patients receiving all types of Systemic Anti-Cancer Therapy, in the curative, adjuvant, neoadjuvant and palliative setting.
14. Understands and applies the use of biomarkers and genomic information to inform clinical decisions within the diagnosis and development of personalised treatment plans for patients with malignancies.
15. Act autonomously, exercising professional judgement and complex decision-making skills, within a defined advanced scope of advanced practice in radiotherapy planning achieving conformance to all quality standards and legislative requirements, and working within the scope of their IR(ME)R entitlement.
16. Applies expert knowledge and skill acting autonomously (within a defined advanced scope of practice) in safely assessing, planning, implementing, and evaluating a **radical** single and/or combined modality course radiotherapy treatment meeting ALL quality standards and legislative requirements, and working within the scope of their IR(ME)R entitlement.
17. Applies expert knowledge and skill acting autonomously (within a defined advanced scope of practice) in safely assessing, planning, implementing, and evaluating a course of **palliative** radiotherapy meeting ALL quality standards and legislative requirements, and working within the scope of their IR(ME)R entitlement.
18. Applies expert knowledge and skill to act autonomously in safely assessing, planning, implementing and evaluating a course of **brachytherapy** and the potential complications of treatment applying ALL quality standards and legislative requirements, and working within the scope of their IR(ME)R entitlement
19. Act autonomously, exercising professional judgement and complex decision-making skills within the acute oncology service, managing oncological emergencies and admissions, providing expert oncology advice to other healthcare professionals and providing leadership in the acute oncology team.

3. Capabilities in practice descriptors and assessment

The capabilities combine the knowledge, skills, behaviours, and values that the advanced practitioner will bring to their role. The descriptors are intended to guide trainee advanced practitioners and supervisors about the range of clinical contexts which will support the achievement of the capabilities in practice, however, they are not intended to be prescriptive and do not provide an exhaustive list. Trainee advanced practitioners may demonstrate their progress and equivalence against the capabilities in practice in a variety of different ways, reflecting their strengths, areas of interest and the resources available to them, and will be encouraged to find innovative ways to achieve this. They can also complete activities that provide evidence for more than one capability in practice.

3.1. Generic capabilities in practice

ALL non-surgical oncology advanced practitioners will achieve these capabilities to **entrustment level 3** (See Table 1).

Capability in Practice 1

Applies expert leadership, management, and organisation at an advanced level of practice.

Descriptors

- Applies effective clinical leadership within a team or service.
- Advocates for the patient and provides leadership in their care.
- Exemplifies leadership, resilience, and determination, manages situations that are unfamiliar, uncertain, complex, or unpredictable, and seeks to build confidence in others.
- Pro-actively initiates and develops effective relationships, fostering clarity of roles within teams, to encourage productive working.
- Models the values of their organisation/place of work, demonstrating a person-centred approach to service delivery and development.
- Leads new practice and service redesign solutions in response to feedback, evaluation, and need, working across boundaries including engaging with relevant stakeholders such as service users and providers.
- Where appropriate, leads integration of clinical services to promote a culture of seamless service delivery and patient care.
- Fosters a culture of an open and transparent culture within their organisation.

Suggested evidence

- Training certificate of a certified leadership course
- Educational/ Clinical Supervisors report
- 360-degree feedback
- Quality improvement project (QiP)
- Case-based discussion (CbD)

- Multiple trainer report (MTR)
- End of placement report

MPF Mapping

Leadership and management - 2.1, 2.2, 2.8, 2.10, 2.11.

Capability in Practice 2

Critical understanding and application in practice of the ethical and legal framework related to advanced practice.

Descriptors

- Negotiates an individual advanced scope of practice within legal, ethical, professional, and organisational policies, governance, and procedures, with a focus on mitigating risk and upholding safety.
- Acts professionally in accordance with legal, ethical, and professional requirements.
- Practices in compliance with their respective code of professional conduct and within their advanced scope of practice, being responsible and accountable for their decision-making, actions, and omissions at an advanced level of practice.
- Exercises high levels of professional judgement and clinical decision-making in complex clinical situations.
- Reflects on, explores, and addresses complex ethical/moral dilemmas within practice.
- Always adhere to local and national confidentiality guidelines.
- Applies an in-depth knowledge of the ethical and legal issues, guidance and principles relating to oncology and can apply this in routine practice.

Suggested evidence

- Case-based discussion (CbD)
- Good Clinical Practice certificate (GCP)
- Evidence of local training
- Critical reflection
- Attend ethics committee.

MPF Mapping

Clinical practice - 1.1, 1.2, 1.3, 1.6, 1.8, 1.10.
Leadership and management - 2.11
Research - 4.6

Capability in Practice 3

Applies advanced and effective communication skills through shared decision-making ensuring the application of professional judgement and values-based care.

Descriptors

- Applies effective communication skills, supporting people in making decisions, planning care, or seeking to make positive changes, using the NHSE framework to promote person-centred approaches in health and care.
- Uses appropriate verbal and non-verbal empathic communication that respects the person, addresses any adaptation needs, barriers, and inequalities, ensures partnership, and shared and values-based decision-making, and is collaborative, non-discriminatory, and non-judgemental.
- Provides expertise in establishing and maintaining a therapeutic relationship in the presence of sensitive information, uncertainty, complexity, conflict, and distress.
- Clearly communicates synthesised, complex information.
- Identifies and manages barriers to communication (e.g., cognitive impairment, speech and hearing problems, capacity issues).

Suggested evidence

- Mini clinical evaluation exercise (Mini-CEX)
- Case-based discussion (CbD)
- Certified Consent training
- Certified Advanced communication skills training course.
- End of placement reports
- Co-ordinating Educational Supervisor report
- Multi-source feedback (MSF)
- Patient and carer feedback

MPF Mapping

Clinical practice - 1.4, 1.5, 1.9.
Education - 3.3, 3.4, 3.5.

Capability in Practice 4

Focuses on leading, and delivering, quality improvement and effective patient safety and care, to mitigate and manage risk.

Descriptors

- Exercises professional judgement to manage risk appropriately, especially where there may be complex and unpredictable events and supporting teams to do likewise to ensure the safety of individuals, families, and carers.
- Makes patient safety a priority in clinical practice.
- Raises and escalates concerns where there is an issue with patient safety or quality of care.
- Applies a commitment to learning from patient safety investigations and complaints.
- Shares good practice appropriately.
- Contributes to and delivers quality improvement.
- Recognises and works within limits of own advanced scope of practice.
- Regularly undertakes peer review to further develop own practice and to ensure an effective, efficient, and safe service.
- Engages in the evaluation of the service and further development, involving co-production to meet the service needs.
- Applies the most recent evidence base to the care of the patient and seeks to continually improve the service.
- Contributes to the development of services as new techniques evolve including updating protocols for the Quality System.

Suggested evidence

- Good Clinical Practice certificate (GCP)
- Case-based discussion (CbD)
- Direct observation of radiotherapy planning skills (DORPs)
- Direct observation of systemic therapy (DOST)
- Multiple trainer report (MTR)
- Multi-source feedback (MSF)
- Quality improvement project (QIP)

MPF Mapping

Clinical practice - 1.8, 1.9.
Leadership and management - 2.3, 2.4, 2.5, 2.9.
Education - 3.6.
Research - 4.2, 4.3.

Capability in Practice 5

Critically appraises the research evidence base and applies it to clinical practice, participates in, and conducts research.

Descriptors

- Engages in research activity, adhering to good research practice guidelines, so that evidence-based strategies are developed and applied to enhance quality, safety, productivity, and value for money.
- Critically appraises and synthesises the outcome of relevant research, evaluation, and audit, using the results to underpin own practice and to inform that of others.
- Takes a critical approach to identify gaps in the evidence base and its application to practice, alerting appropriate individuals and organisations to these and how they might be addressed safely and pragmatically.
- Actively identifies the potential need for further research to strengthen evidence for best practice and contributes to that research activity.
- Disseminates best practice research findings and projects through appropriate media e.g., presentations and peer-reviewed research publications.
- Facilitates collaborative links between clinical practice and research through proactive engagement, and networking with academic, clinical, and other active researchers.

Suggested evidence

- Level 7 research module
- Reflection on participation in research
- Good Clinical Practice certificate (GCP)
- Certificates from other research methods
- Published academic papers.
- Presentations at journal clubs, clinical meetings, and conferences
- Written reports.
- Quality improvement project (QIP)
- Written audit reports and presentations at clinical meetings e.g., poster presentations.

MPF Mapping

Research - 4.1, 4.4, 4.5, 4.7, 4.8.

Capability in Practice 6

Actively engages with continuing professional, and personal development, designs and delivers education and training within their advanced scope of practice.

Descriptors

- Critically assesses and addresses own learning needs, producing a personal development plan that reflects the breadth of ongoing professional development across the four pillars of advanced practice.
- Engages in self-directed learning, critically reflecting to maximise clinical skills and knowledge, as well as own potential to lead and develop both care and services.
- Engages with, appraises, and responds to individuals' motivation, developmental stage, and capability, working collaboratively to support health literacy and empower individuals to participate in decisions about their care and to maximise their health and well-being.
- Advocates for and contributes to a culture of organisational learning to inspire future and existing staff.
- Facilitates collaboration of the wider team and supports the peer-review processes to identify individual and team learning.
- Identifies further developmental needs for the individual and the wider team and supports them to address these.
- Supports the wider team to build capacity and capability through work-based and inter-professional learning, and the application of learning to practice.
- Acts as a role model, educator, supervisor, coach, and mentor, seeking to instil and develop the confidence of others.
- Actively consider the wellbeing of themselves and others within the multi-disciplinary team to provide a healthy and cohesive working environment.

Suggested evidence

- Formal observation teaching/training practice
- Critical reflection on participation in learning
- Certificate of a teaching course (e.g., PGCE)
- Clinical Supervisor peer review
- Educational Supervision peer review
- Appraisal training

MPF Mapping

Education - 3.1, 3.2, 3.6,3.8.

Research - 4.7.

3.2. Core oncology capabilities in practice

All advanced practitioners in non-surgical oncology, regardless of role, will be expected to demonstrate the following core oncology capabilities. **ALL** non-surgical oncology advanced practitioners will be expected to reach a **minimum entrustment level of 3** for the core oncology CiPs (See Table 2).

Capability in Practice 7

Applies expert knowledge and understanding of the scientific and clinical principles that underpin the treatment of malignancy to provide high-quality and safe patient-centred cancer care.

Descriptors

- Application of advanced clinical knowledge of cancer biology at a molecular and cellular level and considering the impact of how this translates into targets for anti-cancer treatments.
- Create an appropriate management plan in complex situations underpinned by expert knowledge and understanding of the clinical pharmacology of systemic anti-cancer therapies.
- Critically appraise the evidence base, synthesising the research methodologies to inform clinical practice.
- Provide expertise to advise on appropriate strategies to reduce the causation and risk factors for developing cancer.
- Apply understanding of the patient pathway inclusive of cancer screening programmes and the wider impact on the patient.
- Develop expertise on the use of radiotherapy, as a standalone or adjuvant treatment, and the impact this can have on clinical decisions.

Suggested evidence

- Mini clinical evaluation exercise (Mini-CEX)
- Case-based discussion (CbD)
- Multi-source feedback (MSF)
- Multiple trainer report (MTR)
- Acute care assessment tool (ACAT)
- End of placement report
- Level 7 module covering clinical skills relevant completion of the capabilities in practice and to the advanced scope of practice.

MPF Mapping

Clinical practice - 1.2, 1.6,1.11.

Leadership and management - 2.7.
Education - 3.8.

Capability in Practice 8

Applies expert knowledge to recognise oncological emergencies and provides oncology advice to other healthcare professionals as part of an acute oncology service.

Descriptors

- Develop expert knowledge of oncological emergencies.
- Recognises an oncological emergency and takes urgent action to respond appropriately.
- Understands the local and regional acute oncology service and interacts with the multidisciplinary team to ensure effective management of the patient.
- Consults effectively with other services, as appropriate, supporting ongoing management.
- Consults effectively with other services, including the acute oncology team, as appropriate, supporting ongoing management.
- Ensures clear and adequate documentation of an acute review or admission, appropriate follow-up plans and clear and timely communication with community-based teams and the responsible team within the specialism.
- Understands the local and regional acute oncology service and utilises advanced communication skills to effectively liaise between the elements of the service, community-based services, teams within the specialism and patients.

Suggested evidence

- Mini clinical evaluation exercise (Mini-CEX)
- Case-based discussion (CbD)
- Multiple trainer report (MTR)
- Acute care assessment tool (ACAT)
- Completion of Level 1 AO competency passport for all. Level 2 AO competency passport for those whose scope allows them to maintain competency in this area.
- Level 7 module covering clinical skills relevant to completion of the capabilities in practice and to the advanced scope of practice.

MPF Mapping

Clinical practice - 1.6
Leadership and management - 2.7

Capability in Practice 9

Provides expert opinion to the tumour site-specific multi-disciplinary team meeting working effectively to inform evidence-based management plans individual to the needs of each patient, leading discussions, and referring to other health care professionals, where appropriate.

Descriptors

- Presents new cases to the multi-disciplinary team clearly and concisely highlighting the relevant points and questions to be answered.
- Understand the indications for all treatment options available for various stages of cancer within the tumour site, applying relevant guidelines and the most up-to-date evidence base to give an informed oncology opinion.
- Assesses the risks and benefits of treatment options for each patient considering disease stage, tumour biology and individual patient factors, including co-morbidities, frailty, and personal preferences, to formulate an appropriate personalised management plan.
- Recognises the limitations of clinical guidelines in cases of uncertainty or complexity.
- Communicates views and recommendations clearly, promptly, and effectively to all members of the multi-disciplinary team.
- Respect the expertise, viewpoints and responsibilities of all multi-disciplinary team members and help foster a supportive and collaborative environment for open discussion.
- Understands the local, regional, and supra-regional multi-disciplinary team network and utilises advanced communication skills to effectively liaise between the elements of the service.

Suggested evidence

- Case-based discussion (CbD)
- Mini clinical evaluation exercise (Mini-CEX)
- Multi-source feedback (MSF)
- Multiple trainer report (MTR)
- Patient feedback
- End of placement reports

MPF Mapping

Clinical practice - 1.6,1.8, 1.9.
Education - 3.7
Research - 4.3

Capability in Practice 10

Assesses patients at all stages of the cancer pathway from diagnosis to end-of-life care, considers the holistic needs of individuals and the additional needs of vulnerable groups to formulate patient-centred management plans.

Descriptors

- Takes part in formulating a holistic patient-centred diagnostic and management plan.
- Able to interpret the results of clinical, pathological, genomic, and radiological investigations to accurately treat the patient's cancer.
- Understands the role of all treatment modalities relevant to the individual patient and ensures multidisciplinary team involvement.
- Provide a holistic assessment of the patient and where appropriate to the role, to safely prescribe, review, and monitor supporting medication.
- Appreciates the impact of co-morbidities and frailty and helps to manage expectations concerning the suitability of treatments amongst patients, carers and treating teams.
- Works within the multi-disciplinary team to provide the most appropriate treatment plan and associated supportive measures according to the best available evidence, holistic patient assessment and patient preferences.
- Applies evidence-based practice to management decisions.
- Considers the patient's values and priorities when developing treatment plans, and can discuss aims of treatment, and prognosis, where appropriate.
- Understands and highlights the potential effects of treatment on fertility and pregnancy and where appropriate refers for consideration of fertility preservation.
- Ensures equitable patient access to relevant clinical trials.
- Obtains informed consent, ensuring that patients have sufficient information and time to consider risks and benefits, including the possibility of no treatment.
- Through appropriate assessment, identify psychological, financial, and social issues for patients and their families and signpost to sources of ongoing support as appropriate.
- Apply advanced communication skills when further or continuing treatment is no longer appropriate.
- Understand the role of advanced care planning and symptom management.
- Provide tailored support for specific and/or vulnerable groups, showing sensitivity to issues of equality and diversity.
- In complex situations, consider the limitations of clinical guidelines and seek support accordingly.

Suggested evidence

- Case-based discussion (CbD)
- Mini clinical evaluation exercise (Mini-CEX)
- Direct observation of systemic therapy (DOST)
- Multi-source feedback (MSF)
- Multiple trainer report (MTR)
- Prescribing qualification
- Critical reflection
- Successful completion of an appropriate level 7 oncology course, demonstrating the application of knowledge and skills in practice.
- End of placement report
- Patient and carer feedback

MPF Mapping

Clinical practice - 1.4, 1.7, 1.9.1.11.
Leadership and management - 2.6, 2.10.
Education - 3.3

Capability in Practice 11

Acts as an advocate and leader for health promotion and high-quality cancer survivorship, advises on cancer prevention, management of long-term treatment-related sequelae and patient self-management strategies.

Descriptors

- Recognises the factors affecting global cancer health inequalities and the social determinants of health, including physical, economic, and cultural factors, which impact cancer risks.
- Provides personalised risk reduction advice to patients considering lifestyle, environmental and genetic factors.
- Promotes survivorship following cancer treatment.
- Pro-actively manages and educates patients about the long-term sequelae of cancer treatments, in conjunction with other health professionals where relevant.
- Provides specialist advice to other health professionals regarding cancer risks and the late effects of treatment, and appropriate investigation of patients following cancer treatment.

Suggested evidence

- Mini clinical evaluation exercise (Mini-CEX)
- Case-based discussion (CbD)
- Multi-source feedback (MSF)
- Multiple trainer report (MTR)
- Quality improvement project (QiP)
- End of placement report
- Patient and carer feedback
- Level 7 module on health promotion or survivorship

MPF Mapping

Clinical practice - 1.4, 1.5, 1.7, 1.10.

Leadership and management - 2.6, 2.9,2.10

Education - 3.1

Research - 4.3

3.3. Specialism capabilities in practice (dependent on the advanced scope of practice):

The capabilities in practice below are specialism specific, they will be clearly defined in the trainee advanced practitioners agreed on advanced scope of practice. Collectively, the tAP, the Co-ordinating Educational Supervisor and the employer will select the CiPs related to the individual advanced scope of practice, there is a minimum or maximum number required. The capabilities selected will be assessed to **entrustment level 3** (See Table 2).

Capability in Practice 12

Safely assesses and effectively prescribes Systemic Anti-Cancer Therapy (SACT) for patients receiving, standard systemic anticancer therapies in the curative, neo-adjuvant, adjuvant, and palliative settings.

Descriptors

- Has an extensive knowledge of all types of SACT and their various modes of action and treatment toxicities.
- Apply advanced clinical assessment knowledge and skill in effectively supporting the patient throughout their treatment.
- Able to suggest a modified approach to address the specific needs of individual patients, including vulnerable groups.
- Appreciates the impact of co-morbidities and frailty and helps to manage expectations concerning suitability of treatments amongst patients, carers and treating teams.
- Clearly communicates the benefits and risks of available treatment options, including those available within clinical trials, to enable informed consent.
- Co-ordinates the appropriate investigations, procedures and logistic arrangements required for systemic anti-cancer therapy delivery, both pretreatment and ongoing management.
- Generates a systemic anti-cancer therapy prescription that is safe and accurate (the first cycle of any course is prescribed by consultant oncologist or appropriately qualified specialist registrar).
- Evaluates toxicity and response during treatment and adapts systemic anti-cancer therapy prescription/supportive measures accordingly, balancing treatment goals with patient safety and priorities.
- Assesses and reports systemic anti-cancer therapy toxicity according to regulatory and, where relevant, research governance processes.
- Collaborates effectively with members of the multi-disciplinary team when patients are receiving systemic anti-cancer therapy as part of a multi-modality treatment pathway.
- Able to significantly contribute to the development of services as new treatments evolve including updating protocols for the Quality System.

- Has a role (alongside other members of the MDT) in ensuring any new protocols or treatments are disseminated, and accessible to relevant staff working in SACT, so they are educated about any specific toxicities for that regime or particular blood parameters, they need to be aware of.

Suggested evidence

- Mini clinical evaluation exercise (Mini-CEX)
- Case-based discussion (CbD)
- Direct observation of systemic therapy (DOST)
- Clinic management (Observation of time management and organisation)
- Multi-source feedback (MSF)
- Multiple trainer report (MTR)
- Patient and carer feedback
- Certified SACT course such as the competency passport level 2
- Prescribing course, demonstrating the safe application of knowledge, skills, and competency in practice.
- Understanding and Prescribing Chemotherapy online course,
- Local written consent competency framework.

MPF Mapping

Clinical practice - 1.1, 1.2,1.3, 1.4, 1.5, 1.6,1.7, 1.8, 1.9, 1.10 1.11.

Leadership and management - 2.1, 2.2, 2.3, 2.4, 2.6, 2.7, 2.9, 2.10, 2.11

Education - 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8.

Research - 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8.

Capability in Practice 13

Safely and effectively manages patients receiving all types of Systemic Anti-Cancer Therapy (SACT), in the curative, adjuvant, neoadjuvant and palliative setting.

Descriptors

- Applies the knowledge of mechanisms of action and treatment toxicities to pre-empt, monitor, and manage these in patients receiving systemic anti-cancer therapy.
- Uses specialist knowledge, and specific training and acts autonomously, to provide specialist review to patients who have presented unwell and make the appropriate clinical decisions about whether the patient should proceed, defer, or stop their treatment.
- Uses specialist knowledge and specific training, to appropriately refer to other specialisms if needed, to manage toxicities from the SACT, or complications from the cancer itself.
- Proactively liaises with the relevant teams when systemic anti-cancer therapy is completed or discontinued, to enable co-ordinated ongoing management.
- Applies the most recent evidence base to the care of the patient and service development.
- Participates effectively in decision-making regarding resuscitation, including decisions not to attempt cardiopulmonary resuscitation, and communicates sensitively with patients and their advocates regarding these decisions.

Suggested evidence

- Mini clinical evaluation exercise (Mini-CEX)
- Case-based discussion (CbD)
- Direct observation of systemic therapy (DOST)
- Clinic management (Observation of time management and organisation)
- Multi-source feedback (MSF)
- Patient and carer feedback
- Certified SACT course such as the competency passport level 2
- Prescribing course

MPF Mapping

Clinical practice - 1.1, 1.2,1.3, 1.4, 1.5, 1.6,1.7, 1.8, 1.9, 1.10 1.11.

Leadership and management - 2.1, 2.2, 2.3, 2.4, 2.6, 2.7, 2.9, 2.10, 2.11

Education - 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8.

Research – 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8.

Capability in Practice 14

Understands and applies the use of biomarkers and genomic information to inform clinical decisions within the diagnosis and development of personalised treatment plans for patients with malignancies.

Descriptors

- Understands the principles of precision oncology, stratified and personalised medicine.
- Applies specialist knowledge and training to discuss the relevant biomarkers with patients, and the implications this may have on their treatment options and/or cancer prognosis.
- Understands the principles of whole genome sequencing, gene expression and regulation in the context of cancer risk including inherited cancer predisposition syndromes and screening.
- Applies knowledge of the multifactorial basis of malignancy to discuss cancer risk with patients and their carers considering ethical and confidentiality considerations.
- Recognises the role of genomics and biomarkers in the cancer diagnostic pathway.
- Integrates and applies genomics and biomarkers in personalising therapeutic options and in the prediction and monitoring response to systemic anti-cancer therapy.
- Is sensitive to the ethical issues associated with whole genome sequencing and management of genomic data.
- Recognises the basis of genomic profiling and biomarker utilisation in the design and delivery of clinical trials.

Suggested evidence

- Case-based discussion (CbD)
- Direct observation of systemic therapy (DOST)
- Multi-source feedback (MSF)
- Multiple trainer report (MTR)
- Patient and carer feedback
- Certified SACT course such as the competency passport level 2

MPF Mapping

Clinical practice - 1.1, 1.2,1.3, 1.4, 1.5, 1.6,1.7, 1.8, 1.9, 1.10 1.11.

Leadership and management - 2.1, 2.2, 2.3, 2.4, 2.6, 2.7, 2.9, 2.10, 2.11

Education - 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8.

Research - 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8.

Capability in Practice 15

Act autonomously, exercising professional judgement and complex decision-making skills, within a defined advanced scope of advanced practice in radiotherapy planning achieving conformance to ALL quality standards and legislative requirements, and working within the scope of their IR(ME)R entitlement

Descriptors

- Utilises diagnostic imaging (with the aid of the imaging reports) to identify cancer pathology on radiotherapy planning scans and accurately defines or delineates target volumes, organs at risk and normal anatomical structures (within the defined scope of advanced practice).
- Adheres to national regulatory legislation with regard to radiation safety on a patient's radiotherapy treatment.
- Applies clinical expertise and decision-making skills to define clinical and elective target volumes, evaluate and analyse dosimetric requirements and make complex decisions regarding treatment parameters and patient dose effects to produce the required dose distributions over the treatment volume ensuring the conformance to international standards.
- Utilises critical thinking to assess and appraise radiotherapy treatment through dosimetric review making clinical decisions if a replan is required, following a treatment error or changes in patient anatomy and or shape, taking Medical Physics Expert advice as appropriate.
- Uses clinical judgement to analyse and determine the most appropriate radiobiological assessment and subsequent patient dose within a defined advanced scope of practice and with Medical Physics Expert advice as appropriate.
- Applies critical thinking in assessing and approving on-set clinical decision-making, as part of the MDT, taking Medical Physics expert advice as appropriate, for online adaptive planning and dosimetric changes to the treatment plan.
- Provides a critical review of radiotherapy treatment plans and doses providing approval, within the agreed scope of advanced practice.
- Provides dosimetric expertise and leadership for the centre's clinical trials portfolio, with a focus on required pre-trial quality assurance, development of new techniques, staff training and audit.
- Through application of the evidence base, supports leadership on changes to service as new radiotherapy techniques evolve including pilot study work with a multi-disciplinary team approach, staff training, updating of protocols for the Quality System and audit of clinical practice.

- Contributes clinical expertise as part of the multi-disciplinary team, advising clinical staff on achievable treatment plans, dose distribution, potential organ-at-risk compromises and optimal patient setup.

Suggested evidence

- Mini clinical evaluation exercise (Mini-CEX)
- Case-based discussion (CbD)
- Direct observation of radiotherapy planning skills (DORPs)
- Patient and carer feedback
- ESTRO courses
- Dosimetry / Virtual simulation training – in-house competencies or M-level module.

MPF Mapping

Clinical practice - 1.1, 1.2,1.3, 1.4, 1.5, 1.6,1.7, 1.8, 1.9, 1.10 1.11.

Leadership and management - 2.1, 2.2, 2.3, 2.4, 2.6, 2.7, 2.9, 2.10, 2.11

Education - 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8.

Research - 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8.

Capability in Practice 16

Applies expert knowledge and skill acting autonomously (within a defined advanced scope of practice) in safely assessing, planning, implementing, and evaluating a radical single and/or combined modality course radiotherapy treatment meeting ALL quality standards and legislative requirements, and working within the scope of their IR(ME)R entitlement.

Descriptors

- Utilises diagnostic imaging (with the aid of the imaging reports) to identify cancer pathology on radiotherapy planning scans and accurately defines or delineates target volumes, organs at risk and normal anatomical structures, within the defined scope of advanced practice.
- Adheres to national regulatory legislation with regard to radiation safety on a patient's radiotherapy treatment, following Medical Physics Expert advice as appropriate
- Undertakes a detailed patient history and performs appropriate clinical examinations (as required), referring for appropriate investigations prior to Radiotherapy as required.
- Applies professional judgement within a defined scope of advanced practice on the impact of previous radiotherapy and the impact of co-morbidities and frailty, applying a critical understanding of how this may impact current treatment decisions, seeking input from Medical Physics Expert advice as appropriate.
- Applies advanced communication skills to discuss treatment options, including benefits and treatment toxicities, obtaining informed consent for treatment via shared decision-making.
- Undertake IR(ME)R training and act as IR(ME)R referrer if entitled to within the individual's scope of advanced practice as defined by the employer.
- Educates the patient and the wider multi-disciplinary team on pre-habilitation, treatment toxicity management and survivorship to manage expectations of treatment.
- Utilises expert knowledge in clinical decision-making for patient positioning, immobilisation techniques, methods of tumour localisation and radiotherapy delivery techniques.
- Provides expert knowledge on the effects of systemic treatments on response and toxicities in combined modality treatments.
- Applies the most appropriate means of treatment verification within protocols to assess the accuracy of patient set-up and treatment plan and recommends adjustments if required.
- Assesses patients undergoing radical radiotherapy and manages acute radiotherapy toxicity, prescribing within a defined scope of prescribing practice and safely referring to other members of the MDT as required.

- Applies appropriate clinical decision-making when considering the impact of treatment prolongation on radiotherapy efficacy and has strategies for dealing with gaps in treatment taking Medical Physics Expert advice as appropriate.
- Assesses patients following radical radiotherapy, recognises and manages acute and late toxicities, and refers to relevant specialists if required.
- Provides expert knowledge in health promotion, counselling and educating patients on the long-term toxicities of radiotherapy, how to monitor for them, and reduce the risk of them arising.
- Provides leadership in the development of radiotherapy techniques, service improvements and implementation of clinical trials, including consideration and utilisation of emerging radiotherapy techniques.
- Disseminates research and educates the local and wider professional community on innovative treatment developments.

Suggested evidence

- Mini clinical evaluation exercise (Mini-CEX)
- Case-based discussion (CbD)
- Direct observation of radiotherapy planning skills (DORPs)
- Patient and carer feedback
- Level 7 of radiotherapy physics/radiobiology module.

MPF Mapping

Clinical practice - 1.1, 1.2,1.3, 1.4, 1.5, 1.6,1.7, 1.8, 1.9, 1.10 1.11.

Leadership and management - 2.1, 2.2, 2.3, 2.4, 2.6, 2.7, 2.9, 2.10, 2.11

Education - 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8.

Research - 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8.

Capability in Practice 17

Applies expert knowledge and skill acting autonomously (within a defined advanced scope of practice) in safely assessing, planning, implementing, and evaluating a course of palliative radiotherapy meeting ALL quality standards and legislative requirements, and working within the scope of their IR(ME)R entitlement.

Descriptors

- Utilises diagnostic imaging (with the aid of the imaging reports) to identify cancer pathology on radiotherapy planning scans and accurately defines or delineates target volumes, organs at risk and normal anatomical structures within a defined scope of advanced practice.
- Adheres to national regulatory legislation with regards to radiation safety on a patient's radiotherapy treatment taking Medical Physics Expert advice as appropriate.
- Undertakes a detailed patient history and performs appropriate clinical examinations (as required), referring for appropriate investigations prior to Radiotherapy as required.
- Applies professional judgement within a defined scope of advanced practice on the impact of previous radiotherapy and the impact of co-morbidities and frailty, applying a critical understanding of how this may impact current treatment decisions.
- Applies advanced communication skills to discuss treatment options, including benefits and treatment toxicities, obtaining informed consent for treatment via shared decision-making.
- Undertake IR(ME)R training and act as IR(ME)R referrer if entitled within the individual's scope of advanced practice as defined by the employer.
- Uses advanced knowledge to assess a patient and refer under IR(ME)R legislation for Radiotherapy treatment, within a defined scope of advanced practice, considering the patient's values and priorities for the aim of Radiotherapy treatment.
- Applies expert knowledge on the effects of systemic treatments on response and toxicities and the impact on palliative radiotherapy.
- Utilises expert knowledge in clinical decision-making for patient positioning, immobilisation techniques, methods of tumour localisation and radiotherapy delivery techniques.
- Applies professional judgement and expert knowledge to determine the appropriate dose/fractionation regime for the clinical situation within national guidance, taking into consideration previous treatment.
- Uses expertise to define and arrange palliative radiotherapy fields within standardised clinical protocols.

- Provides expertise in educating the patient and the wider multi-disciplinary team on treatment toxicity management and palliation of symptoms.
- Applies the most appropriate means of treatment verification within protocols to assess the accuracy of patient set-up and treatment plan and recommends adjustments if required.
- Assesses patients undergoing and following palliative radiotherapy and manages radiotherapy toxicities, prescribing within a defined scope of prescribing practice, and safely referring to other members of the clinical team as required.
- Provides leadership in the development of palliative radiotherapy and service improvements.
- Disseminates and educates the local and wider professional community on innovative treatment developments.

Suggested evidence

- Mini clinical evaluation exercise (Mini-CEX)
- Case-based discussion (CbD)
- Direct observation of radiotherapy planning skills (DORPs)
- Patient and carer feedback
- Prescribing
- Level 7 RT physics/radiobiology module

MPF Mapping

Clinical practice - 1.1, 1.2,1.3, 1.4, 1.5, 1.6,1.7, 1.8, 1.9, 1.10 1.11.

Leadership and management - 2.1, 2.2, 2.3, 2.4, 2.6, 2.7, 2.9, 2.10, 2.11

Education - 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8.

Research - 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8.

Capability in Practice 18

Applies expert knowledge and skill to act autonomously in safely assessing, planning, implementing and evaluating a course of brachytherapy and the potential complications of treatment applying ALL quality standards and legislative requirements, and working within the scope of their IR(ME)R entitlement.

Descriptors

- Utilises diagnostic imaging (with the aid of the imaging reports) to identify cancer pathology on radiotherapy planning scans and accurately defines or delineates target volumes, organs at risk and normal anatomical structures (within a defined scope of advanced practice).
- Employs national regulatory legislation with regard to radiation safety on a patient's radiotherapy treatment.
- Undertakes a detailed patient history and performs appropriate clinical examinations (as required), referring for appropriate investigations prior to brachytherapy, as required.
- Applies professional judgement within a defined scope of advanced practice on the impact of previous radiotherapy and the impact of co-morbidities and frailty, applying a critical understanding of how this may impact current treatment decisions.
- Applies advanced communication skills to discuss treatment options, including benefits and treatment toxicities, obtaining informed consent for treatment via shared decision-making.
- Educates the patient and the wider multi-disciplinary team on pre-habilitation, treatment toxicity management and survivorship to manage expectations of treatment.
- Utilises advanced knowledge in clinical decision-making for applicator positioning, treatment volume and organs at risk.
- Applies professional judgement and expert knowledge to evaluate the brachytherapy treatment plan and prescribed dose in line with consensus guidelines and employs suitable strategies to improve an inadequate plan.
- Undertakes the delivery of safe, and effective brachytherapy applying all radiation protection requirements and making appropriate decisions in unscheduled scenarios, within a defined scope of advanced practice.
- Assesses patients undergoing and following brachytherapy and manages treatment toxicities, prescribing appropriately.
- Applies appropriate clinical decision-making when considering the impact of treatment prolongation on radiotherapy efficacy and has strategies for dealing with gaps in treatment with input from the Medical Physics Expert as appropriate.

- Provides expert knowledge in health promotion, counselling and educating patients on the long-term toxicities of brachytherapy and how to monitor for them and reduce the risk of them arising.
- Supports leadership in the development of the brachytherapy service, service improvements and implementation of clinical trials, including consideration and utilisation of emerging brachytherapy techniques.
- Disseminates and educates the local and wider professional community on innovative brachytherapy treatment developments.

Suggested evidence

- Mini clinical evaluation exercise (Mini-CEX)
- Case-based discussion (CbD)
- Direct observation of radiotherapy planning skills (DORPs)
- Level 7 of radiotherapy physics/radiobiology module.
- Patient and carer feedback

MPF Mapping

Clinical practice - 1.1, 1.2,1.3, 1.4, 1.5, 1.6,1.7, 1.8, 1.9, 1.10 1.11.

Leadership and management - 2.1, 2.2, 2.3, 2.4, 2.6, 2.7, 2.9, 2.10, 2.11

Education - 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8.

Research - 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8.

Capability in Practice 19

Act autonomously, exercising professional judgement and complex decision-making skills within the acute oncology service, managing oncological emergencies and admissions, providing expert oncology advice to other healthcare professionals and providing leadership in the acute oncology team.

Descriptors

- Uses specialist knowledge and specific training, to assess patients, instigates and interpret appropriate investigations, and manage the immediate care of patients presenting acutely with complications of cancer and its treatments, liaising effectively with the emergency department and other specialist services.
- Holistically assesses and coordinates rapid triage and appropriate targeted investigation of patients presenting with a possible new diagnosis of malignancy, malignancy of undefined origin and carcinoma of unknown primary.
- Assesses symptoms, evaluate the response and side effects during treatment and adapts supportive measures accordingly, balancing treatment goals with patient safety and priorities.
- Safely assesses and manages the immediate and ongoing care of patients presenting acutely with complications of cancer and its treatment.
- With the support of the consultant oncologist, assesses the appropriate level of care taking the cancer context and the holistic patient assessment into account, including cardiopulmonary resuscitation status, and sensitively discusses this with the patient and their advocates.
- Ensures clear and adequate documentation of an acute admission, appropriate follow-up plans and clear and timely communication with community-based teams and the responsible team within the specialism.
- Understands the local and regional acute oncology service and utilises advanced communication skills to effectively liaise between the elements of the service, community-based services, teams within the specialism and patients.
- Provides leadership within the acute oncology team when appropriate to monitor, maintain and develop a high-quality service.
- Leads the acute oncology team audit programme and contributes to these audits in accordance with local and national requirements.

Suggested evidence

- Mini clinical evaluation exercise (Mini-CEX)
- Prescribing module
- Case-based discussion (CbD)

- Multi-source feedback (MSF)
- Multiple trainer report (MTR)
- Patient and carer feedback
- Presentation of audit activity
- Completion of minimum Level 3 AO competency passport

MPF Mapping

Clinical practice - 1.1, 1.2,1.3, 1.4, 1.5, 1.6,1.7, 1.8, 1.9, 1.10 1.11.

Leadership and management - 2.1, 2.2, 2.3, 2.4, 2.6, 2.7, 2.9, 2.10, 2.11

Education - 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8.

Research - 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8.

4. Assessment of Capabilities in Practice

The level of capability achieved by the trainee advanced practitioner for each capability in practice will be recorded, and reviewed annually, drawing on the evidence presented in their portfolio, and following discussion with their co-ordinating educational supervisor. Different entrustment levels are used for generic, core oncology and specialism capabilities in practice, as clinical capabilities in practice require a clear statement of the level of clinical responsibility being allowed, and taken, by the trainee advanced practitioner.

CiPs measure high-level functional and applied knowledge, skills and attributes, as demonstrated within the workplace. Assessing applied and functional knowledge and skills by entrustment levels has been used within specialty registrar training and has been demonstrated to give a meaningful assessment of levels of knowledge, skills and attributes, and to demonstrate progress.

Advanced practitioners are expected to be able to function by requiring only indirect or minimal supervision, within their defined scope of practice, by the end of their training. The grids demonstrate the expected minimum levels of progress across the training.

The term entrustment is used as a method of articulating the supervisors 'trust' in an individual practitioner competently completing a specific task within clinical practice against their advanced scope of practice. The levels of entrustment ensure that there is progression in training and that suitable support is provided for the trainee advanced practitioner. The trainee advanced practitioner will undergo multiple workplace-based assessments conducted by their educational coordinator and supervising team. Clinical progress will be evaluated through a comprehensive body of evidence, with each assessment activity examining knowledge, skills, and behaviours to ensure a balanced evaluation process.

Entrustable professional activity

A critical part of professional work that can be identified as a unit to be entrusted to a trainee once sufficient competence has been demonstrated.

Figure 4. A guide to entrustable activities (Royal College of Radiologists, 2021)

On completion of the training period, the advanced practitioner will demonstrate that they are 'trusted' to undertake the tasks within their defined advanced scope of practice to the entrustment level identified.

Table 1: Level descriptors for generic capabilities in practice.

Level	Descriptors	Assessment
1	**Novice**	requires support and guidance throughout
2	**Developing**	working towards competency, with some support and guidance needed
3	**Capable**	possesses adequate skills to act independently and seeks support and guidance if required
4	**Expert**	highly skilled and able to lead and support others

Table 2: Level descriptors for core oncology and specialism capabilities in practice.

Level	Descriptors	Assessment
1	**Entrusted to observe only**	No provision for direct clinical care
2	**Entrusted to act with direct supervision**	The supervisor is physically within the hospital or other site of patient care and is immediately available to provide direct supervision.
3	**Entrusted to act with indirect/ minimal supervision**	The supervisor may not be physically present within the hospital or other sites of patient care, but is immediately available by means of telephone and/or electronic media, to provide advice
4	**Entrusted to act unsupervised**	The advanced practitioner is working independently and at a level equivalent to a consultant.

Identified in Tables 1 and 2, on completion of training the advanced practitioner in non-surgical oncology will have achieved **level three**.

Table 3: Progression grid for generic capabilities in practice to be met at the end of each year of training.

Generic capabilities in practice.	Yr1	Yr2	Yr3
1. Applies expert leadership, management, and organisation at an advanced level of practice.	2	2	3
2. Critical understanding and application in practice of the ethical and legal framework related to advanced practice.	2	2	3
3. Applies advanced and effective communication skills through shared decision-making ensuring application of professional judgement and values-based care.	2	2	3
4. Focuses on patient safety, leading, and delivering effective quality improvement in patient care to mitigate and manage risk.	2	2	3
5. Critically appraises the research evidence base and applies it to clinical practice, participates in, and conducts research.	2	2	3
6. Actively engages with continuing professional, and personal development, designs and delivers education and training within their advanced scope of practice.	2	2	3

Table 4: Progression grid for core oncology capabilities in practice to be met at the end of each year of training.

Core Oncology capabilities in practice.	Yr1	Yr2	Yr3
7. Applies expert knowledge and understanding of the scientific and clinical principles that underpin the treatment of malignancy to provide high-quality and safe patient-centred cancer care.	1	2	3
8. Applies expert knowledge to recognise oncological emergencies and provides oncology advice to other healthcare professionals as part of an acute oncology service.	1	2	3
9. Provides expert opinion to the tumour site-specific multi-disciplinary team meeting working effectively to inform evidence-based management plans individual to the needs of each patient, leading discussions, and referring to other health care professionals, where appropriate.	1	2	3
10. Assesses patients at all stages of the cancer pathway from diagnosis to end-of-life care and considers the holistic needs of individuals and the additional needs of vulnerable groups to formulate patient-centred management plans.	1	2	3
11. Acts as an advocate and leader for health promotion and high-quality cancer survivorship, advises on cancer prevention, management of long-term treatment-related sequelae and patient self-management strategies.	1	2	3

Table 5: Progression grid for specialism capabilities in practice to be met at the end of each year of training.

Specialty capabilities in practice	Yr1	Yr2	Yr3
12. Safely assesses and effectively prescribes Systemic Anti-Cancer Therapy (SACT) for patients receiving, standard systemic anticancer therapies in the curative, neo-adjuvant, adjuvant, and palliative settings.	1	2	3
13. Safely and effectively manages patients receiving all types of Systemic Anti-Cancer Therapy (SACT), in the curative, adjuvant, neoadjuvant and palliative setting.	1	2	3
14. Understands and applies the use of biomarkers and genomic information to inform clinical decisions within the diagnosis and development of personalised treatment plans for patients with malignancies.	1	2	3
15. Act autonomously, exercising professional judgement and complex decision-making skills, within a defined advanced scope of advanced practice in radiotherapy planning achieving conformance to all quality standards and working within the scope of their IR(ME)R entitlement.	1	2	3
16. Applies expert knowledge and skill acting autonomously (within a defined advanced scope of practice) in safely assessing, planning, implementing, and evaluating a radical single and/or combined modality course radiotherapy treatment meeting ALL quality standards and working within the scope of their IR(ME)R entitlement.	1	2	3
17. Applies expert knowledge and skill acting autonomously (within a defined advanced scope of practice) in safely assessing, planning, implementing, and evaluating a course of palliative radiotherapy meeting ALL quality standards and working within the scope of their IR(ME)R entitlement.	1	2	3
18. Applies expert knowledge and skill to act autonomously in safely assessing, planning, implementing and evaluating a course of brachytherapy and the potential complications of treatment applying ALL quality standards and working within the scope of their IR(ME)R entitlement.	1	2	3
19. Act autonomously, exercising professional judgement and complex decision-making skills within the acute oncology service, managing oncological emergencies and admissions, providing expert oncology advice to other healthcare professionals and providing leadership in the acute oncology team.	1	2	3

5. Quality management of the area-specific capability framework

This area specific capability framework is provided to inform the training of advanced-level practitioners in non-surgical oncology. The academic provider and the trainee advanced practitioner's employer will provide the training and are responsible for all the practical and governance arrangements required for safe training delivery. It is expected that those academic providers will provide accredited level seven programmes specific to non-surgical oncology.

6. References

NHS England (2025) Multi-professional framework for advanced practice in England.

NHS England (2023) Aspirant Cancer Career and Education Development Programme (ACCEND)

The College of Radiographers (2022). Education and Career Framework (4th Edition)

NHS England. (2014). Five Year Forwards View

NHS England (2016). Achieving World-class Cancer Outcomes: A Strategy for England 2015-2020

The Scottish Government. (2016). Beating Cancer: Ambition and Action.

Wales Cancer Network. (2023). Cancer Delivery Plan for Wales 2023-2026.

Government of Ireland (2017). National Cancer Strategy 2017-2026. Government of Ireland, Department of Health

Health Education England (2017). Cancer workforce plan phase 1.

Cancer Research UK (2017). Full Team Ahead: Understanding the UK non-surgical cancer treatments workforce

The Royal College of Radiologists (2023). Clinical oncology census report.2022

NHS England (2023) The NHS Long Term Workforce Plan.

Royal College of Radiologists (2023). Specialty training curriculum clinical oncology.

Khine R, Stewart-Lord A, Clements, H and Goodman S (2020) Advanced Clinical Practice in Oncology – final project report. Joint commission with Health Education England (HEE) and Society & College of Radiographers (SCoR). Available on request.

Joint Royal College of Physicians (2021). Curriculum for medical oncology training

UK Statutory Instruments (2017) The Ionising Radiation (Medical Exposure) Regulations 2017 The Stationery Office, London, SI 2017/1322

UK Statutory Instruments (2018) The Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2018. The Stationery Office, London, SR 2018/17

UK Statutory Instruments (2018) The Ionising Radiation (Medical Exposure) (Amendment) Regulations 2018. The Stationery Office, London, SI 2018/121

Royal College of Radiologists (2021). A guide to entrustable activities.