



# THE MACMILLAN ALLIED HEALTH PROFESSIONS COMPETENCE FRAMEWORK

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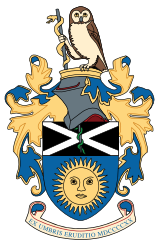
For those working with people affected by cancer

# Endorsements

We are grateful that this framework has been endorsed by:



College of Occupational Therapists



The Society & College of Radiographers



Document endorsed by



The Association of UK Dietitians



The Society of Chiropodists and Podiatrists



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# Foreword

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I have always been interested in rehabilitation and the wide variety of roles that Allied Health Professionals (AHPs) provide to help patients and their families maximise their improvement and lead as full and active life as possible.



It was acknowledged in the recent Macmillan Thinking Differently<sup>1</sup> report that AHPs have a critical role in supporting people affected by cancer and very often provide specialised support. The lack of a recognised career pathway for AHPs wishing to specialise in cancer as well as the importance of building more capacity in the AHP workforce has led to Macmillan developing a competence framework for AHPs working with people affected by cancer.

In my role at Macmillan, I see amazing work taking place across the country, where services are adapting and being creative in the continuously changing healthcare landscape and none more so

than AHPs who play a significant role in helping patients and their families manage the effects of cancer and its treatments. Whilst the allied health professions have uniquely different roles, they also have common themes within their working practice. They all work towards establishing good relationships with patients, carers and the multidisciplinary team; they provide high quality clinical interventions and encourage independence through a self-management approach; they share learning and expertise across and between teams and work naturally across different organisations, sectors and settings. There has never been such a critical time when we need to focus on being adaptable, innovative and flexible to the changing NHS and social care context.

I strongly believe that people affected by cancer should have access to AHPs. People who have a cancer diagnosis, their carers' and families need help, support and guidance to help them through what could be a traumatic period of their lives. AHPs are best placed to encourage people affected by cancer to maintain independence. To ensure that patients are empowered in

this way, AHPs need to have a detailed knowledge of cancer, the treatments and the care pathways available. They need to know who the other members of the multidisciplinary team are and how they can help. They need a sound knowledge of the best practice available.

This competence framework will be of value to those delivering, planning and developing services and roles including AHPs at all stages of their career, service managers and those commissioning both education and clinical services. Whilst not focusing on individual professions, it can be used alongside other professional frameworks, standards and guidelines and I encourage all of you to build an understanding of how improving competences can enhance the patients' experience of cancer care.

**Dr Fran Woodard**  
Executive Director  
of Policy and Impact,  
Macmillan Cancer Support

# Forewords from Professional Bodies

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'It is great to see orthoptists named in this document and we encourage readers to use the link to the British and Irish Orthoptic Society (BIOS) competency standards'.

**Claire Howard, lead of the BIOS stroke and neuro rehabilitation special interest group**

'The Society and College of Radiographers (SCoR) is pleased to offer its endorsement of these competencies demonstrating their support of this initiative contributing towards improving and ensuring high quality care for cancer patients by providing details of the skills and knowledge AHPs require to provide safe, effective and accountable care to people affected by cancer. Although not detailing our professions' core role (delivery of radiotherapy) they are suited to therapeutic radiographers in a variety of roles including those at advanced practice and consultant level such as clinic, information and support roles in pre-treatment, on-treatment review, follow-up care and into survivorship at both advanced and consultant level practice. Consequently we welcome their availability for use when appropriate and relevant, in conjunction with existing professional competence frameworks, standards, guidelines and the Skills for Health National Occupational Standards'.

**Sarah James, Professional Officer, Society and College of Radiographers**

**Penny Wosahlo, Chair of the Royal College of Occupational Therapy Specialist Section for HIV, Oncology and Palliative Care is excited to see an AHP collaborative approach to cancer competencies that can be flexibly applied depending on role and level of work with people with cancer.**

'The Royal College of Occupational Therapy and their specialist section for HIV, Oncology and Palliative Care fully support and endorse the Macmillan AHP competencies. AHPs often share a body of knowledge, skills and approaches that increasingly cross the individual AHP profession boundaries. Uniting those specific to cancer into a single competency document really demonstrates the breadth of what it is AHPs offer in this field and provides clear governance and expectations to ensure a truly competent AHP workforce going forwards.'

'The Society of Chiropodists and Podiatrists are pleased to endorse the Macmillan AHP Competency Framework. By utilising this and our own existing professional standards and competencies podiatrists who work with patients who have cancer whatever their level of involvement or role now have clear pathways to competency in this field.'

**Katie Collins and Sharon Gray, Society of Chiropodists and Podiatrists**

'In 2016 the UK Oncology Nursing Society (UKONS) was involved in the development of a Career and Education Framework for Cancer Nursing. This comprehensive and detailed document was designed to improve the standards of cancer care across the United Kingdom and was widely supported and positively received by the cancer nursing community. Given this encouraging experience, UKONS warmly welcomes the publication of the Macmillan Allied Health Professions Competence Framework. The value of competency frameworks is in their contribution to the support, guidance and of those engaged in the treatment and care of people affected by cancer. This is achieved by harmonising job roles, education levels and practice expectations; by offering a structure for career development, training and education whilst providing information to service providers and commissioners regarding learning opportunities and educational programmes for healthcare professionals. It is incumbent upon all health care professionals that they are transparent in practice and unequivocal about the standards to which they aspire and adhere. This document is to be welcomed in that it articulates these competencies in a way that makes this a reality.'

**Richard Henry, President UKONS**

'The British Dietetic Association (BDA) is delighted to endorse these standards that provide a framework for improving practice and patient care in cancer, palliative and end of life care. The AHP competency framework demonstrates the shared values and competencies that AHPs share at all levels in particular proactive and enabling care. Along with professional standards they will support dietitians and their colleagues to provide effective, safe and patient centred care.'

**Sue Kellie, Deputy Chief Executive, BDA**

Executive committee members of the Association of Chartered Physiotherapists in Oncology and Palliative Care (ACPOPC) have worked on this guidance for on AHP competencies in collaboration with Macmillan. The document we hope shall have a great impact on rehabilitation in cancer and palliative care services. This competency document in conjunction with professional competency frameworks, guidelines and standards is a positive step in the development of AHP roles in the care of people affected by cancer. We are pleased to endorse and support this document.

**Dr Jackie Gracey, ACPOPC Chairperson 2017**

# Acknowledgements

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Special thanks to the project task and finish group – June Davis, Dr Anne Johnson, Julie Latimer, Tony Banach, Libby Potter, Professor Diana Greenfield and Jackie Turnpenney – and the many allied health professionals who contributed and responded constructively to the consultation requests and attended the consultation workshops.

Sincere thanks are extended to Professor Diana Greenfield and the team who developed the Competency Framework for Nurses<sup>2</sup> for their willingness to share their work as a platform on which to develop of the Macmillan Allied Health Profession Competence Framework.

The task and finish group would also like to thank the senior nurses, who are members of the Macmillan consequences of cancer and its treatment (CCAT) community of influence who have worked alongside the project.

# 1.0 Introduction and background

The Macmillan Allied Health Professions Competence Framework (MAHPCF) for those working with people affected by cancer is the first competence framework for UK allied health professionals (AHPs) working with people affected by cancer.

This MAHPCF is designed for use by and with registered AHPs including; art therapists, dietitians, drama therapists, music therapists, occupational therapists, orthotists, prosthetists, orthoptists, paramedics, physiotherapists, podiatrists, radiographers (therapeutic and diagnostic) and speech and language therapists working with people affected by cancer.

The primary intention of the MAHPCF is to support managers, teams and individuals by identifying appropriate competences in a number of specific areas that apply to the majority of AHPs working with people affected by cancer. The information contained within the framework should assist individuals and organisations to use competence to support recruitment, workforce planning and development, career progression and role design and to help them consider both individual and team needs to ensure that people affected are being effectively supported. It is hoped that the MAHPCF will be widely adopted and help educate the workforce by informing academic curricula and professional development programmes as well as highlighting the skills required to provide safe, effective, high quality and accountable care for people affected by cancer.

A competence framework describes the knowledge, skills and performance required by individuals to be effective in their job role and will be determined by their amount of contact with people affected by cancer and their families, relatives and carers. Healthcare organisational objectives set out “what” an individual needs to achieve and the competence framework sets out “how” an individual needs to work to achieve these objectives.

This framework has been designed to complement the earlier Macmillan Cancer Support document, A Competence Framework for Nurses<sup>2</sup> and identifies five key clusters of competences that are relevant to the needs of people affected by cancer, their families, relatives and carers. The MAHPCF can be used alongside the Macmillan Values Based Standards<sup>3</sup>, which emphasise the development of more equitable relationships between staff and patients, and with existing professional competence frameworks, standards and guidelines and with the Skills for Health National Occupational Standards<sup>4</sup> (rehabilitation) where appropriate to individual roles. Whilst this framework covers many aspects of work AHPs undertake, it is not intended to be a definitive or instructive list of all that an individual must achieve or aspire to. It is unlikely that an

individual will need to adhere 100% to the competences outlined in this document. The MAHPCF will also link to the Macmillan Quality Standards currently under development.

The MAHPCF aims to underpin the developments in policy and practice that are consistent with each UK nation’s programmes for transforming cancer care all of which involve developing integrated care models within communities and primary care. The roles and skills across the broad range of AHPs adds significant value to the patient pathway and also ensures that rehabilitation is at the heart of cancer, palliative and end of life care. This MAHPCF has been designed with flexibility in mind to be used by all AHPs working with people affected by cancer in any setting.



# 2.0 Purpose and scope of the Macmillan Allied Health Professions Competence Framework

The purpose of this project was to develop a competence framework for AHPs working in cancer, palliative and end of life care regardless of the setting in which care was delivered.

AHPs play a fundamental role in the provision of active and enabling care whether in hospital, primary care, community, hospice or in people's homes and there is an increasing need to help people take real control of their condition.

Faithful et al<sup>5</sup> outlined the necessary shift to proactive cancer care, supported self-management and collaborative management if patient's long term consequences of cancer and its treatment are to be addressed. Robb<sup>6</sup> made the case for cancer care, especially the after-care post acute treatment, to shift to a culture that is a chronic illness focused with self-management and lifestyle advice. Interventions provided by AHPs can have a significant impact across the whole patient journey from diagnosis, through active treatment, living with and beyond cancer, through to palliative and end of life care. The MAHPCF aims to provide competences applicable to all stages of care.

The production of this document has been widely supported by AHPs during the engagement and

consultation period (see 'How the Competence Framework was Developed', Appendix 1). The need to provide consistency of role expectations, language and skills has been voiced many times. It makes sense to have one common set of competence criteria to cover job roles as this will help to ensure that the key criteria managers use to select and recruit individuals are also used to manage and monitor their performance and will help to focus training and development on where it is most needed.

AHPs have professional qualifications and their varied roles require them to continuously develop professional skills, behavioural skills and knowledge. Their experience and qualifications validate their overall capability as clinicians. Competences are comprised of:

- professional skills – defined by the profession concerned and encompassed in 'scope of practice'
- knowledge – allied health professionals are required to

have a level of knowledge to achieve registration and this is enhanced through on-going continuing professional development. AHPs working in cancer, palliative and end of life care are required to have a significant level of post graduate knowledge to fulfil their roles:

- behavioural skills – most professions and organisations recognise sets of behavioural skills
- experience and qualifications – these validate an individual's capability by certifying elements of skills and knowledge or by providing a practical demonstration of capability. The right experience also acts as a powerful force for learning thereby enhancing capability.

Although this framework relates only to AHPs working with adults affected by cancer, it does include competences to help facilitate the smooth and effective transition from young people's services to adult services.

# 3.0 The benefits of the Macmillan Allied Health Professions Competence Framework

The main benefits of the MAHPCF for AHPs, their managers and clinical and education commissioners are described in the table below.

<b>AHPs</b>	<b>Managers</b>	<b>Clinical Commissioners</b>	<b>Education commissioners</b>
Performance is assessed against a well defined set of skills, behaviours and knowledge.	Managers can manage resources more effectively by recruiting and retaining the right people to the right jobs.	It provides a framework for leadership and accountability at all levels <sup>7</sup> .	It provides a framework for leadership and accountability at all levels <sup>7</sup> .
Improves communication and the understanding of roles between AHPs, their manager and wider members of the multidisciplinary team.	Improves communication and the understanding of roles between AHPs and their manager.	Improves communication and understanding of roles when commissioning new and existing services.	Improves understanding when considering the development of the AHP workforce working with people affected by cancer.
Establishes a framework for constructive feedback at specified intervals.	Managers are able to assess transferable skills and manage skill mix across services.	Provides a baseline for discussions about service provision and developments.	Identifies areas that the workforce needs to be competent in to support delivery of services for people affected by cancer and support continuing professional development plans.
AHPs are clear about how they are expected to perform their jobs.	Employers are able to identify required behaviours regardless of career background.	Workforce details will enable benchmarking with other services and help inform development of service specifications.	Workforce details will enable benchmarking with other services.

<b>AHPs</b>	<b>Managers</b>	<b>Clinical Commissioners</b>	<b>Education commissioners</b>
Appraisal and recruitment systems are consistent, fair and open and helps provide clear direction for learning new job skills.	Helps in the management of day-to-day staff performance constructively, fairly and promptly.	Emerging health needs can be targeted with appropriate staff with the appropriate skills and can support decisions about skill mix.	Emerging health needs can be targeted with appropriate staff with the appropriate skills and can support decisions about skill mix
There are clear links between effective individual inputs to work, team and organisational performance.	Links can be made between effective individual inputs to work, team and organisational performance.	Workforce requirements and outcomes can be negotiated between commissioners and providers.	Resources for training, development and education can be targeted.
Processes are measurable and standardised across organisational and geographical boundaries.	Processes are measurable and standardised across organisational and geographical boundaries.	Helps to facilitate effective partnerships across teams, voluntary agencies, community resources and the independent sector to ensure resources are used efficiently <sup>8</sup> .	Provides a framework to inform post registration education commissioning.
Outlines potential professional development and career progression.	Provides effective management support.	Contributes to and informs contract details to support service specifications and service level agreements.	

# 4.0 How to use the framework

## **The MAHPCF is:**

- applicable across the care pathway from diagnosis, through active treatment, living with and beyond cancer, through palliative and end of life care
- focused on all needs of patients, their families and carers as equal partners including medical, psychological, social and emotional needs. The environment in which care takes place in is not generally specified, only that care plans are provided and shared across organisations and professions. The competences in this framework can be interpreted and applied across a range of settings, sectors and professions
- designed to be used in conjunction with quality standards and competence frameworks available at the allied health professional bodies
- applicable to all AHPs who work for at least part of their time with people who have or have had cancer.

## **As an AHP the MAHPCF can:**

- enable care and information to be shared across different health settings
- help standardise care
- motivate staff by setting challenging objectives and providing positive feedback
- support continuing personal and professional development (CPPD) as part of the requirements of the Health and Care Professions Council (HCPC)<sup>9</sup> registration requirements. Types of evidence can consist of having an up-to-date and accurate record of their CPD activities, appraisal interviews including 360 degree appraisals, case studies, verification of practice and structured observation of practice. See appendix 5 and for a full list of CPD standards, visit the HCPC website [www.hcpc-uk.org/cpd](http://www.hcpc-uk.org/cpd)
- help inform and direct AHPs to move from one level of competence to another. A physiotherapy framework<sup>10</sup> published by the Chartered Society of Physiotherapy, suggests that progression from one level of practice to the next is based on changes in three different dimensions: complexity; predictability; sphere of influence. Together they inform the extent of an individual's personal autonomy and could be considered when discussing improvements in performance.

## **As a line manager the MAHPCF can:**

- establish levels of performance
- determine competences for those working with people affected by cancer
- identify gaps in an individual's or a team's knowledge for care provision
- inform the development of new roles by informing job descriptions and role specifications
- manage succession planning by identifying individuals capable of progressing to the next level
- support and inform appraisals and continuous personal and professional development.

## **As a clinical or education commissioner the MAHPCF can:**

- identify the skills required to develop cancer services which can be helpful to commissioners and providers
- assist in the strategic development of learning and development programmes targeted at specific clinical areas.

## **For the wider organisation the MAHPCF can:**

- identify gaps in skills and inform learning and development programmes.

**The MAHPCF is not:**

- likely to be applicable to ALL AHPs ALL of the time
- designed to cover all the competences that individuals will need in their professional roles. Individual organisations will have policies and procedures which are mandatory for their workforce to meet corporate governance standards and AHPs should follow these. These will include for example health and safety, information governance, manual handling, infection control and safe guarding. Competences relating to these do not form part of this document and should be identified separately in discussions between line managers and staff
- set out to determine grades for specific roles. Indeed some AHPs will be working across the different levels within the framework – ie a competent level in some aspects of their work and specialist or highly specialised in others. It is anticipated that individuals working at specialist and highly specialised will have acquired all or most of the competences at the preceding level/s
- designed to cover children and adolescents apart from during transition to adult services
- intended to meet the learning needs of the unregistered workforce.

# 5.0 The Macmillan Allied Health Professions Competence Framework

## 5.1. Levels of competence

The MAHPCF includes the range of skills and knowledge required by AHPs\* (Therapeutic Radiographers see footnote) working with people affected by cancer. The competence levels are described at three levels:

- competent
- specialist
- highly specialised.

An individual's progression through the levels will depend on their access to and engagement with learning and development opportunities.

**The competence levels can be defined as follows:**

### **Competent**

This level can describe either newly qualified graduates at the threshold of their career or AHP clinical staff who are experienced in their own field but have little or no post graduate experience in working with those with cancer. (ie they may be a clinical specialist in neurological rehabilitation however are not a specialist when dealing with a varied caseload including people with brain tumours). The NICE Guidance, Improving Supportive and Palliative Care for Adults with Cancer<sup>8</sup> describes this as level 2, and the case load of people affected by cancer is generally < 25%. The activities at this level are relatively straight forward to perform and do not present significant issues of complexity or uncertainty, nor deal with a high level of risk.

### **Specialist**

This level describes experienced AHPs with basic level training in working with those with cancer who are at a senior level. The specialist level is equivalent to level 3 in the NICE Improving Supportive and Palliative Care for Adults with Cancer<sup>8</sup>. Level 3 describes an individual AHPs case load of people affected by cancer as being between 25–50%. Activities at this level present some issues of complexity and uncertainty and may require the management of significant areas of risk.

### **Highly specialised**

This level describes advanced allied health practitioners working predominantly or exclusively with people affected by cancer and with higher level training. Highly specialist is equivalent to Level 4 in the NICE Improving Supportive and Palliative Care for Adults with Cancer<sup>8</sup>. AHPs working at this level lead and manage situations which present high levels of complexity and uncertainty, often associated with a high level of risk. AHPs working at this level often provide clinical leadership and have a wider geographical profile, including clinical credibility at regional and sometimes national level.

\*It is acknowledged that Therapeutic Radiographers training is entirely focused in radiotherapy and the care of patients with cancer, and therefore these competency level descriptors do not entirely fit with their professionally defined competences.

# 5.0 The Macmillan Allied Health Professions Competence Framework

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## 5.2. Communication and leadership competences

For the purposes of this competence framework, leadership and communication are an integral part of the roles of all AHPs at all levels and are not seen as separate competences.

### 5.2.1. Communication

Effective communication is essential to the application of competences. It is particularly important where complex information has to be relayed and where different decisions regarding treatment options are to be made, for example, when treatment options change and difficult messages about palliative and end of life care have to be delivered. Some situations are ambiguous or uncertain. There may be emotions and distress. Specific consideration should be given to communication as a method of:

- supporting and enabling therapeutic relationships with people and their families
- ensuring that the patient, family and carers are fully aware and understand the implications of treatment options
- understanding all aspects of self-management
- enabling effective team working.

# 5.0 The Macmillan Allied Health Professions Competence Framework

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## 5.2.2 Leadership

AHPs work in complex healthcare organisations with ever changing boundaries and pressures. Leadership is key to effectively managing complex teams, multidisciplinary relationships and making the most of limited resources and it affects both the culture and environment of the workplace. The way that individuals manage themselves is a central part of being an effective leader. It is vital to recognise that personal qualities like self-awareness, self-confidence, self-control, self-knowledge, personal reflection, resilience and determination are the foundation of effective leadership behaviour.

The MAHPCF does not attempt to define leadership behaviours but draws the reader's attention to the NHS Leadership Academy, Healthcare Leadership Model<sup>11</sup> (<http://www.leadershipacademy.nhs.uk/resources/>) which outlines the nine dimensions of leadership behaviour:

- inspiring shared purpose
- leading with care
- evaluating information
- connecting our service
- sharing the vision
- engaging the team
- holding to account
- developing capability
- influencing for results
- increasingly positive experience of care and service.



# 5.0 The Macmillan Allied Health Professions Competence Framework

## 5.3. The Competence Clusters

The clusters of the MAHPCF and the subsections within each cluster are set out below.

### 1. Clinical practice

This cluster describes the broad comprehensive range of knowledge which underpins the need for clinical interventions to support the complex needs of people affected by cancer. It includes the foundation and context in which clinical practice is delivered, the additional knowledge, understanding and skills that AHPs need to work with people who have cancer and the complexities of the late effects of cancer and its treatments.

#### The subsections in this cluster are:

- a. knowledge of cancer and its treatment
- b. contemporary drivers and strategic awareness
- c. results, investigations and medication used in cancer
- d. assessment of holistic needs of adult patients living with and beyond cancer
- e. symptom management.

### 2. Personalising the care pathway

This cluster focuses on the role of the AHP in coordinating and integrating person-centred care, care planning that ensures that multiple disciplines and agencies can be accessed and the transfer of care including the transition between teenage and young adult (TYA) and adult services.

#### The subsections in this cluster are:

- a. care plans, surveillance plans and treatment summaries
- b. transition and transfer between services.

### 3. Supporting independence

This cluster focuses on AHPs being at the heart of supporting people to take real control of their condition by avoiding secondary problems and supporting them to maintain levels of health and function for as long as possible.

#### The subsections in this cluster are:

- a. promoting self-management
- b. providing information to support self-management
- c. healthy lifestyles
- d. helping people make informed choices.

### 4. Interagency and partnership working

This cluster focuses on complex care being delivered across agencies by effectively managing relationships and facilitating professional cooperation which will enhance the patients experience and ensure their needs are met.

#### The subsections in this cluster are:

- a. the importance of liaison
- b. the role of different healthcare organisations in different sectors and settings.

### 5. Professional practice

This cluster focuses on recognising the need for AHPs to maintain continuing professional development and to use current best practice to achieve optimal outcomes for patients and their families.

#### The subsections in this cluster are:

- a. research, audit and service evaluation
- b. service development
- c. support and development of healthcare professionals
- d. using clinical data and information.

# 1. Clinical practice

## 1a. Knowledge of cancer and its treatment

Competent	Specialist	Highly specialised
1. Knowledge of cancer, cancer treatments and their potential long-term effects.	6. Has a comprehensive knowledge of symptoms associated with cancer, cancer treatments and late effects within own specialty area.	11. Has an in-depth knowledge of the potential late effects consequences appropriate to own client group/specialty (eg lymphoedema, endocrine, bone health, cardiac toxicity, psychosexual issues, fertility, dental health, early menopause).
2. Knowledge of the range of physical, psychological and social consequences of cancer relevant to own area of practice.	7. Knowledge of the potential current and long-term physical, psychological and social consequences of cancer and its treatment.	12. Knowledge and implementation of specific interventions to manage complex physical, social and psychological consequences of cancer and its treatment.
3. Knowledge of late effects complications, treatments and interventions common to own area of practice.	8. Knowledge of the range of care pathways from diagnosis, through active treatment, living with and beyond cancer, through to palliative and end of life care.	13. Knowledge of emerging pathways, evidence and best practice nationally and internationally to be able to inform clinical practice at a local level.
4. Demonstrates knowledge of the psychological effects of cancer and its treatment on individuals, which could include loss of confidence, fear of recurrence and impact on day to day life.	9. Knowledge of the wide range of local and national organisations and networks involved in providing services for people living with and beyond cancer treatment.	14. Provides specialist interventions to address the psychological impact of living with a cancer diagnosis.
5. Demonstrates some knowledge of loss (of function and/or cognitive ability), grief and bereavement (whether this is following death or loss of functional ability) and communicates effectively.	10. Recognises the manifestations of grief and assists family and other health and care professionals to anticipate and cope with their reactions.	15. Has an in depth understanding of the knowledge and skills required to manage bereavement effectively across the health and social care teams and able to situate practice in change theory.

# 1. Clinical practice

## 1b. Contemporary drivers and strategic awareness

Competent	Specialist	Highly specialised
1. Awareness of the influences on cancer service delivery at a local, regional and national level and where to locate the cancer plans for the improved delivery of local services.	5. Awareness of the wider influences of national policies, plans and priorities on cancer service delivery at a local, regional and national level and able to identify key documents.	9. Influences effectively at a strategic level in the delivery of service plans and policies for those with cancer and evidence of strategic involvement.
2. Has an awareness of legal frameworks governing cancer and work/employment, including the Equality Act (2010) <sup>12</sup> .	6. Uses relevant legislation in practice and supports and educates others in raising awareness of the legal frameworks governing cancer and work/employment including the Equality Act (2010) <sup>12</sup> .	10. Application of key drivers into practice across cancer pathway and disseminate these as appropriate in own service.
3. Demonstrates an awareness of and able to identify some of the local resources and information available to help signpost people living with and beyond cancer to local services.	7. Demonstrates the use of a wide range of local and national resources, information and directories of services to signpost people living with and beyond cancer.	11. Leads the development of resources, information and directories to meet local service needs and leads the dissemination as appropriate.
4. Demonstrates an awareness of the approaches used to engage and gain the perspectives of service users, carers and relatives affected by cancer.	8. Demonstrates different approaches used to engage and gain the perspectives of service users, carers and relatives affected by cancer to develop services that meet patient's needs and able to provide evidence of involvement.	12. Leads service improvement initiatives for people at all stages of the cancer pathway from diagnosis, through active treatment, living with and beyond cancer, through to palliative and end of life care. Able to focus on the importance of integrating the perspectives of service users as a key driver.

# 1. Clinical practice

## 1c. Test results, investigations and medicine used in cancer care

Competent	Specialist	Highly specialised
1. Demonstrates an awareness and knowledge of tests and investigations commonly used in cancer care in own area of practice, including rationale for their use and the normal ranges of results.	3. Understands the role of risk stratification in ongoing surveillance for people living with and beyond cancer.	5. Leads and develops services based on a risk stratified approach to care in collaboration with the wider multidisciplinary team.
2. Demonstrates awareness and knowledge of medications commonly used in own area of practice relating to cancer, cancer treatment and late effects care. This will include indication, mode of action and adverse effects of the medications.	4. Has awareness and understanding of the health related impact of medication used in cancer and end of life care (eg chemotherapy, radiotherapy, hormonal therapy, analgesia) including the side effects, and signposts patients to appropriate teams for management of medicine related issues.	6. Where applicable, prescribes medication within own scope of practice and recognises the limits of own knowledge and skill. [Link to 'A Competency Framework for All Prescribers' <sup>13</sup> ]

## 1d. Assessment of holistic needs of adult patients living with and beyond cancer

Competent	Specialist	Highly specialised
1. Has an understanding of the Holistic Needs Assessment (HNA) process, including the physical and psychosocial components, and its implications for practice together with the individual's concerns and priorities for care.	3. In collaboration with the individual, uses the Holistic Needs Assessment to identify and prioritise needs which require support and informs the development of an appropriate plan with defined outcomes and disseminates as appropriate.	5. Works collaboratively with others to develop and implement the HNA and the range of assessment tools and clinical guidelines that are required for people living with the effects of cancer and its treatment across organisations.
2. Conducts therapy assessment using assessment tools linked to evidence base.	4. Assesses the impact of cancer diagnosis and treatment on lifestyle and future employment needs and interventions appropriately.	6. Acts as an expert resource for other health and care professionals when dealing with complex and challenging situations relating to assessment, interpretation and appropriate evidence based interventions.

# 1. Clinical practice

## 1e. Symptom management

Competent	Specialist	Highly specialised
1. Demonstrates an awareness of the principles of symptom management in relation to cancer, cancer treatments, common late effects and complications.	6. Provides interventions for symptom management and interventions common to own area of practice for individuals living with and beyond cancer and promotes self management as appropriate.	11. Is instrumental in developing guidelines and pathways to facilitate effective symptom management across health, social care and voluntary sectors in a seamless manner.
2. Identifies the physical and psychosocial needs associated with cancer and signposts or refers patients as appropriate.	7. Applies knowledge and experience of the needs of individuals using cancer, late effects, survivorship and follow-up services to provide. psychological support on a wide range of diverse issues.	12. Has an in depth knowledge of the range of tools, interventions and services available to support physical, psychological and social needs and educates the team and others regarding these as a source of knowledge.
3. Uses local pathways to signpost individuals to appropriate sources of support and information for symptom management and or seeks advice about this where appropriate.	8. Supports individual patients to develop effective coping strategies (eg helps patients to develop approaches to monitoring and managing their own psychological wellbeing).	13. Leads and develops services that continually improve the pathway for people to ensure that symptoms are managed in a timely, effective and seamless manner.
4. Applies knowledge and understanding of the psychological effects of cancer and cancer treatments for individuals and their families.	9. Identifies when patients have psychological needs that require referral to specialist services and facilitates this process (eg psychiatric or clinical psychology services).	14. Has the knowledge and expertise to lead services that support those with mental health needs and design resources as appropriate.
5. Distinguishes between symptoms that can be managed with simple measures and those that require urgent and/or specialist intervention.	10. Demonstrates significant experience and knowledge in the management and support of people with cancer and other conditions in a stratified manner.	15. Leads and develops services that continually improve the pathway for people to ensure that symptoms are managed in a timely and effective manner across all levels of stratified models.

# 2. Care coordination

## 2a. Personalising the care pathway – care plans and treatment summaries

Competent	Specialist	Highly specialised
1. Provides individuals with accessible information to support their intervention plan ie crib sheet/audio visual material of signs and symptoms to be monitored in relation to cancer, cancer treatments, recurrence or likely late effects.	3. Works with individuals to develop intervention plans, interventions and tailored goals that: <ul style="list-style-type: none"> <li>• reflect their priorities and concerns</li> <li>• encourage self-care and self-reporting of significant symptoms</li> <li>• take into account the psychological effects of cancer and strategies to manage this.</li> </ul>	5. Acts as an expert resource for other health and care professionals when dealing with situations arising from care plans (eg different perspectives on treatment decisions between individuals and their families) and interventions as appropriate.
2. Recognise and intervenes when deviations occur from expected progress and takes appropriate action including adapting it to the changing needs ie cancer recurrence, end of life care.	4. Coordinates individualised care across sectors and disciplines according to the needs identified in the care plan.	6. Ensures services and pathways are delivered appropriately within own specialty or clinical field to meet the relative risks or complications and complexity of needs.

## 2b. Transition and transfer between services

Competent	Specialist	Highly specialised
1. Has an understanding of the issues facing individuals as they complete cancer treatment or are discharged from acute hospital follow-up.	5. Supports individuals to develop confidence in their ability to cope with the transition from secondary hospital care to self-management and supporting independence.	9. Leads the development of services to ensure people are supported to manage the transition from acute care to supported self management and self management and between children’s and adult services.
2. Understands the roles of acute, community and primary care services play in supporting people with cancer.	6. Participates in educational programmes for staff involved in supporting patients in different healthcare sectors and settings.	10. Leads the development of local education programmes for staff involved in supporting patients who move across different healthcare settings to affect a safe and effective transfer.
3. Provides information to help individuals navigate services to ensure they are aware of the changes in care and service provision associated with the transition of care between sectors.	7. Supports individuals to develop confidence in their ability to cope with the transition from acute hospital care to self-management and supporting independence and acts as an advocate as appropriate.	11. Leads and monitors the development of services to ensure people are supported to manage the transition from tertiary and secondary care services to supported self-management and self-management.
4. Provides information, liaison and support to community, primary care staff and other health and care professionals for the management of on-going symptoms beyond acute care and hospital follow-up.	8. Liaises and advises on cases highlighted by community, primary care and other health and care professionals once people are at home.	12. Leads and develops strong partnership working with all key stakeholders in a local area and acts as the expert in this area demonstrating effective communication across complex organisations.

# 3. Supporting independence

## 3a. Promoting self-management and behavioural change

Competent	Specialist	Highly specialised
1. Has an understanding of the factors that might increase patients' dependence upon services and those that foster independence and self management (eg ongoing physical consequences of cancer and its treatment, difficulty with psychosocial adjustment, risk of late effect complications, co-morbidities).	3. Teaches individuals to carry out self-monitoring and self-care and mentors them in the process.	5. Contributes to or creates services that can work in conjunction with user groups and other agencies, including primary care and voluntary sector services across complex organisations for patient's benefits.
2. Identifies health beliefs and lifestyle risks that could influence compliance with care instructions or advice.	4. Works in partnership with individuals to recognise symptoms that require further advice and/or investigation and advises them about the options available for accessing appropriate interventions.	6. Develops interventional programmes to enable individuals to develop the knowledge, confidence and skills to take more responsibility for self-management and make healthy lifestyle choices.

# 3. Supporting independence

## 3b. Providing information to support self-management

Competent	Specialist	Highly specialised
1. Applies knowledge of the range of services available to support and guide individuals across the care pathway (eg voluntary agencies, health promotion services and support groups).	5. Directs individuals to relevant support and information networks, online information or non-text based information, about the wide range of issues that may affect them following cancer treatment, including work and financial matters.	9. Works with other teams and agencies to advise on the development of information to support people living with cancer and palliative care needs and involves users in information development.
2. Identifies and explains any benefits and risks arising from individuals' decisions about their care to enable them to make informed choices with relation to therapy and healthy lifestyle.	6. Uses specialist knowledge to provide consultations via alternative media (eg telephone, skype) to individuals as part of services for people living with and beyond cancer.	10. Develops strategies and interventions to enable individuals to optimise their ability to self-manage and evaluates their effectiveness and actions this.
3. Is aware of local resources to signpost to for advice about finances, return to work and employment issues.	7. Assists in the planning and provision of planned education programmes and support groups for individuals using cancer services at any part of the care pathway.	11. Leads and develops support groups and identifies opportunities/gaps in the provision of support groups at a local level.
4. Evaluates the individual's understanding of information (including written, visual and audio based information), communicates effectively to correct misunderstandings and gives further information when required including explaining complex medical terminology in lay terms.	8. Plays a key role in translating clinically related topics into language which is understandable both for individuals to self-manage effectively and for the development of patient information.	12. Ensures that effective strategies are in place to maximise the opportunities for self-management and supported self-management.



# 3. Supporting independence

## 3c. Healthy lifestyles

Competent	Specialist	Highly specialised
1. Signposts individuals to local services that support healthy living (eg exercise facilities, walking groups, adult education classes, smoking cessation groups, supported self management, mindfulness group) whilst acknowledging and respecting their individual decision making.	3. Works in partnership with individuals to develop tailored plans of care to promote healthy lifestyle behaviours that meet their priorities and concerns.	5. Develops systems and processes to identify factors that may exclude or deter individuals from accessing the range of cancer support services available to them.
2. Directs individuals and family members to appropriate agencies and information sources that support high-risk individuals within cancer, survivorship and late effects services.	4. Enables individuals, who want to change and adapt healthy lifestyle behaviours, to develop realistic short and long-term goals and focused plans for achieving behaviour change.	6. Supports other team members to understand models and concepts related to health-related behaviour change and to recognise the 'teachable moment' with supporting theories.

## 3d. Helping people make informed choices

Competent	Specialist	Highly specialised
1. Acknowledges and respects the decisions made by individuals concerning their health and wellbeing in relation to cancer, cancer treatments, survivorship and late effects care.	3. Explains the options, including the benefits and risks that are available to individuals in relation to their intervention plan to enable them to make informed decisions about their care.	5. Develops systems and processes to identify factors that may exclude or deter individuals from accessing the range of cancer support services available to them.
2. Makes appropriate decisions to seek help and report concerns to colleagues when an individual's choices place them at risk.	4. Manages the changing needs and expectations of patients and their families and ensures care plans reflect the new priorities.	6. Acts as an expert resource for other health and care professionals when dealing with complex communication issues ie when an individual's choices put them at risk.

# 4. Interagency and partnership working

## 4a. The importance of liaison

Competent	Specialist	Highly specialised
1. Liaises between service users, relatives and carers as equal partners (where appropriate) when making links to members of the multi-disciplinary team involved in planning an individual patient's care pathway to optimise interventions.	2. Liaises with, signposts to and makes referrals to the multi-disciplinary team and other health and care professionals across community and hospital settings (eg learning disability, mental health as appropriate for the patient's physical and psychological symptoms).	3. Coordinates interventions across agencies and sector's for individuals with complex care needs and monitors and audits the process.

## 4b. The role of different healthcare organisations in different sectors and settings

Competent	Specialist	Highly specialised
1. Has a good understanding of the contributions of other health, social care and voluntary sector services in meeting holistic care needs (eg financial, employment, education and emotional support) including anticipated future needs.	2. Acts as key contact with a variety of agencies in relation to current and anticipated needs of individual patients (eg employment, education, financial services).	3. Builds partnerships with those involved in the care of individuals with cancer and their families (eg primary care teams, multi-disciplinary team, social care, voluntary agencies) and actively seeks to build networks for user benefit.

# 5. Professional practice

## 5a. Research, audit, data and service evaluation

Competent	Specialist	Highly specialised
1. Accesses appropriate sources of evidence to support their own practice in cancer and palliative care services (eg journals, literature reviews, research articles, audits, and arts based practices).	6. Collaborates with those involved in providing services for people living with and beyond cancer to generate ideas for spread and adoption of good practice, research, audits, service reviews and journal clubs.	11. Presents posters and papers at national and international conferences and writes for publication, leads audits, research, service evaluation.
2. Has a working knowledge of: <ul style="list-style-type: none"> <li>the range of qualitative and quantitative methodologies available and their purpose</li> <li>the concepts of validity and reliability in relation to the design of data collection, collation and analysis</li> <li>the processes used to critique a research paper and how to consider the implications for practice.</li> </ul>	7. Demonstrates a detailed understanding of the importance of clinical research and evidence based practice and applies to own area of practice.	12. Works to advance the development of a research strategy for cancer, palliative care and/or living with and beyond cancer and leads own or collaborative research projects, supporting health and social care students with research supervision.
3. Demonstrates an understanding of the principles of clinical research and can explain to service users the meaning of common terms and concepts in relation to their cancer treatments (eg placebo, randomisation, quantitative and qualitative research, critical appraisal, patient-reported outcomes, informed consent).	8. Applies principles of ethical good clinical practice in relation to research, audit and service evaluation (eg working within local governance systems and policies, informed consent and confidentiality).	13. Actively involves a range of service users in evaluating services, applying the principles of equality, diversity and anti-discriminatory practice and research projects.
4. Uses outcome measures for individuals, groups and services that enable accurate and meaningful reviews of progress to support service aims.	9. Interprets and summarises data relating to individuals, groups of patients and local cancer services to create information and knowledge that can influence the clinical trajectory (ie to recognise the need to commence palliative care or end of life services, service delivery and/or affect small scale service improvement).	14. Evaluates the effectiveness of assessment tools and guidelines used locally, nationally and internationally, as well as own data produced in terms of impact on patient outcomes and services and outcome measures linked to key drivers and evidence based practice.
5. Contributes data to systems to be used for research, audit or service evaluation and understands own contribution to these processes.	10. Keeps abreast of local and national service change in similar cancer/palliative care services comparing the data and knowledge generated against own services.	15. Uses data supported information to drive both small and large scale service improvement.

# 5. Professional practice

## 5b. Service development

Competent	Specialist	Highly specialised
1. Supports other staff in the implementation of services for people living with and beyond cancer.	6. Works with individuals and groups who are considered to be at high-risk due to their cancer experience and groups of service users to promote their inclusion in the development and review of services for people living with and beyond cancer and leads on delegated projects.	11. Ensures and monitors that services meet the wide range of needs of people living with a cancer diagnosis from adjustment to living well after cancer (health promotion), to active surveillance and complex symptom management.
2. Is aware of policies and procedures relevant to own area of practice in cancer services and supports service developments to improve patient outcomes.	7. Uses specialist knowledge to contribute to the development of evidence-based policies and procedures.	12. Influences policies for people living with and beyond cancer at local/regional/national level and feeds back to own teams/organisations.
3. Is aware of the commissioning and development of cancer services to meet local needs.	8. Supports the commissioning and development of cancer services to meet local needs.	13. Plays a key role in contributing to commissioning agendas, evaluating the costs and benefits of providing different service models for people living with and beyond cancer.
4. Awareness of the national guidance for rehabilitation relating to cancer, palliative care and end of life care.	9. Leads locally on the implementation of national guidance for services for people living with and beyond cancer.	14. Represents services for people living with and beyond cancer or own discipline at national and/or network meetings.
5. Identifies areas of the current service that could be developed including identification of the gaps and potential opportunities.	10. Develops services that continually improve the pathway for people and supports lifestyle choices and future employment needs where applicable.	15. Regularly applies and leads the development of innovative service models across the pathway with a particular focus on supporting the psychological effects of cancer.

## 5c. Support and development of healthcare professionals

Competent	Specialist	Highly specialised
1. Teaches registered and unregistered health and care professionals about topics relating to people living with and beyond cancer in the local service in a range of settings.	2. Teaches cancer and/or palliative care related topics at undergraduate and post graduate level in a range of settings and supports undergraduate AHPs and organises others on clinical placement.	3. Has an awareness of the availability of regional and national cancer/palliative care learning opportunities and leads on its introduction for the local workforce and fosters links and placements of undergraduate and post-graduate AHPs and others.

# 6.0 References

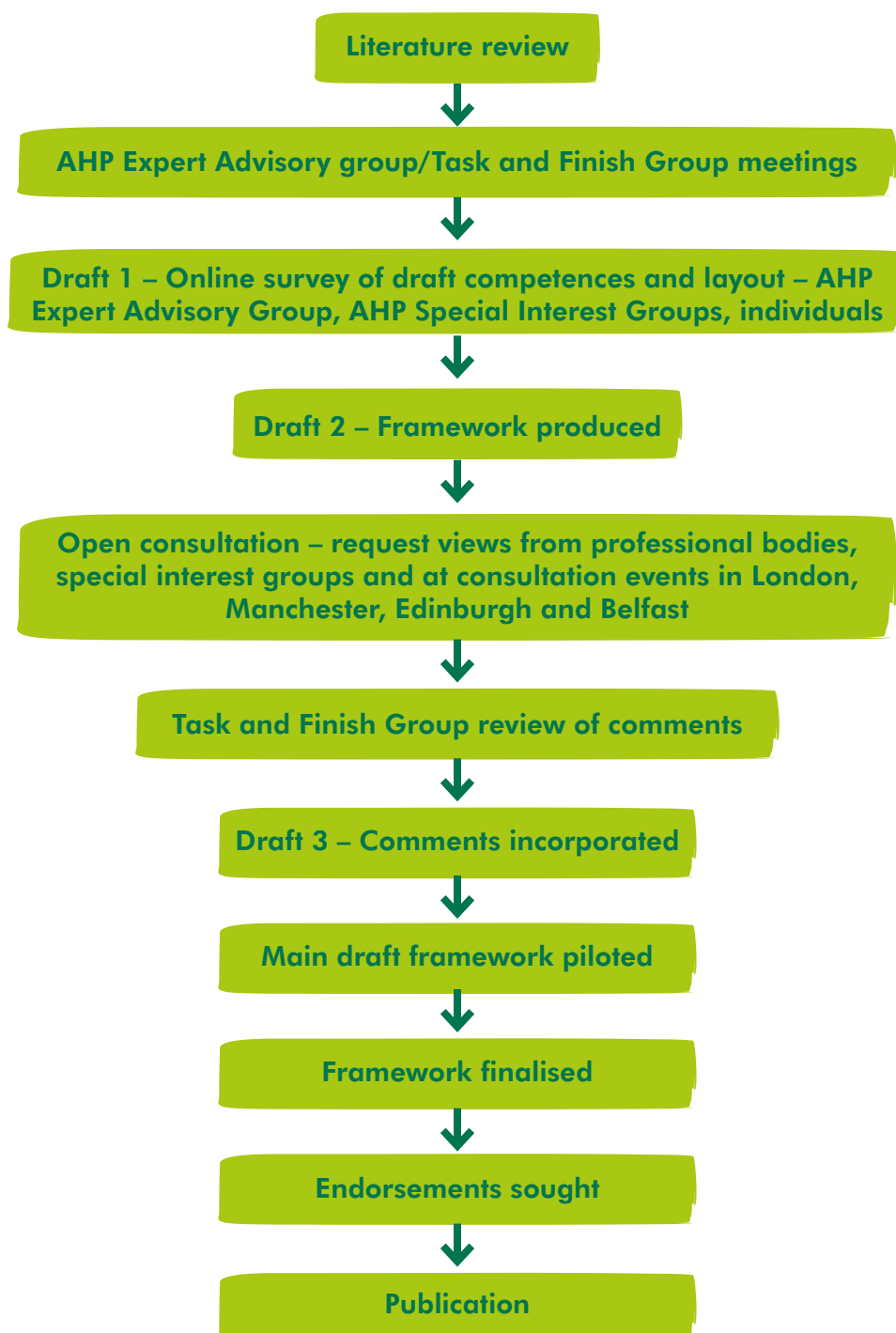
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# Appendix 1

## How the competence framework was developed

The competences outlined in this document were developed through a nine month engagement process with more than 160 allied health professionals, other health professionals and academics. The first working draft was the result of a thematic analysis of competences outlined in 'A Competence Framework for Nurses'<sup>2</sup> followed by consultation exercises both on-line and face to face in workshops. This document builds on the Competency Framework for Nurses<sup>2</sup> and provides a structure for improving AHPs knowledge, skills, training and aspirations in cancer and palliative care.



# Appendix 2

## Links to other Competency Frameworks

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British and Irish Orthoptic Society. Competency Standards and Professional Practice Guidelines for the Extended Role of the Orthoptist, 2014. [https://orthoptics.org.uk/Resources/Documents/Standards/BIOS\\_Competency\\_Standards\\_Extended\\_Roles%20Sep2014.pdf](https://orthoptics.org.uk/Resources/Documents/Standards/BIOS_Competency_Standards_Extended_Roles%20Sep2014.pdf) [accessed June 2016]

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# Appendix 3

## Other published work that has informed the development of this document

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# Appendix 4

## Examples of evidence to meet competences and underpinning education

Level	Evidence	Underpinning education
Highly specialised	<ul style="list-style-type: none"><li>• Advisory Board attendance documentation</li><li>• Published academic papers</li><li>• Evidence of participating in and/or leading research, audit and evaluation</li><li>• Conference presentations/posters/attendance documentation</li><li>• Role as mentor/supervisor</li><li>• Awards achieved or nominated for</li><li>• Reflections on how knowledge and evidence has been applied in practice</li><li>• Role as mentor/supervisor</li><li>• Demonstrates communication at advanced level – complex communication/interpersonal skills</li></ul>	<ul style="list-style-type: none"><li>• Advanced Communication Skills Training</li><li>• Working towards a doctorate</li><li>• Professional qualifications</li><li>• Post Graduate certificates/diplomas ie education</li></ul>
Specialist	<ul style="list-style-type: none"><li>• Documentation to support running focus groups, teaching and chairing meetings</li><li>• Production of patient information</li><li>• Designed and set up patient support groups etc</li><li>• Awards achieved or nominated for</li></ul>	<ul style="list-style-type: none"><li>• Post-graduate study</li><li>• Working towards Masters degree</li><li>• Communication skills training – intermediate level</li></ul>
Competent	<ul style="list-style-type: none"><li>• Consolidation of learning from registration</li><li>• Own reading</li><li>• Journal clubs</li><li>• Awards achieved or nominated for</li><li>• Portfolio of evidence relating to practice</li></ul>	<ul style="list-style-type: none"><li>• Professional qualification (HCPC registration)</li><li>• Accredited CPD modules related to cancer, palliative care and EOL including etraining courses</li><li>• Communication skills training – foundation level</li></ul>

Learning opportunities are varied and flexible, constantly undergoing change and modifications. Readers are encouraged to log into the main Macmillan website and Learnzone to access current opportunities.

<http://learnzone.org.uk/>

# Appendix 5

## Contributors

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### Task and Finish Group members

Full name	Role	Organisation
Tony Banach	Learning and Development Manager	Macmillan Professionals Service Excellence and Support
June Davis	National Cancer Rehabilitation Lead	Macmillan Cancer Support
Professor Diana Greenfield	Macmillan Consultant Nurse	Sheffield
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## Allied Health Professional Expert Advisory Group members

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<b>Full name</b>	<b>Role</b>	<b>Organisation</b>
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Dr Karen Robb	Rehabilitation Clinical Lead	Transforming Cancer Services Team, London
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Penny Wosahlo	Manager, Independent Living Team	Farleigh Hospice, Chelmsford, Essex

## Attendees at Consultation Events in Manchester, London, Belfast and Edinburgh

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Jill Bradley	Lead for Allied Health Professions	Northern Health and Social Care Trust
Rebecca Brennan	Oncology Physiotherapist	Maidstone and Tunbridge Wells NHS Trust
Christine Brown	Acute Clinical Lead - Dietetics	NHS Lanarkshire
Marlene Brown	Advanced Dietetic Practitioner	NHS Lothian
Donna Bruce	Specialist Occupational Therapist	St Andrew's Hospice - Lanarkshire
Clare Burke	Physiotherapist	Queen Elizabeth University Hospital Glasgow
Paula Cahalan	Allied Health Professional Lead	Belfast Health & Social Care Trust
Linda Cantwell	Community Dietetic Service	5 Boroughs Partnership NHS Foundation Trust
Shima Choudhury	Post registration education commissioning lead	Department of Health, Northern Ireland
Anna Maria Crabtree	Macmillan Occupational Therapist	Wigan and Leigh Hospice
Louise Davey	Lead Macmillan Oncology Dietician	Mount Vernon Cancer Centre, East and North Hertfordshire NHS Trust
Kirsten Dawson	Occupational Therapist	NHS Lothian
Denise Docherty	Macmillan Occupational Therapist/ Transforming Care After Treatment Allied Health Professional Lead	NHS Tayside
Clare Dorrell	Community Occupational Therapist	Midlothian Council
Maxine Elliot	Occupational Therapist	NHS Borders
Anna Ferguson	Occupational Therapist	NHS Lothian

<b>Full Name</b>	<b>Occupation</b>	<b>Organisation</b>
Heather Finlay	Nursing Officer	Department of Health, Northern Ireland
Ruth Garvie	Occupational Therapist	NHS Lothian
Mandy Gilmore	Head of Dietetics and Diabetes Services	Southern Health and Social Care Trust
Louisa Gilpin	Macmillan AHP Nero Oncology Project Lead	East and North Hertfordshire NHS Trust
Jacqui Hallam	Macmillan Learning and Development Manager	North & South West England
May Hanrahan	Physiotherapist	NHS Lothian
Carmel Harney	Assistant Director of AHP Governance, Workforce Development and Training	Southern Health & Social Care Trust
Emma Hicks	Macmillan Occupational Therapist	Shrewsbury & Telford Hospital NHS Trust
Mary B Hill	Macmillan Speech and Language Therapist	Wigan and Leigh Hospice
Kate Hinchliff	Macmillan Occupational Therapist	Oxford University Hospitals NHS Trust
Joshna Hirani	Macmillan Occupational Therapist	Royal National Orthopaedic Hospital NHS Trust
Sarah Hodge	Macmillan Occupational Therapist	Northern Lincolnshire and Goole NHS Foundation Trust
Lindsey Hughes	Improving Rehabilitation Services Programme Lead	NHS England
Myra Hunter	Occupational Therapist	NHS Ayrshire and Arran
Careen Jackson	Specialist Physiotherapist	NHS Lanarkshire
Debra Jones	Palliative Care Occupational Therapist	Bolton Hospice
Diane Jones	Macmillan Specialist Palliative Care Physiotherapist	Wirral Community NHS Foundation Trust
Paula Kealey	Macmillan Strategic Partnership Manager	Macmillan Cancer Support
Jenny Keane	Allied Health Professional Consultant	Public Health Agency, Northern Ireland
Janice Lang	Macmillan Highly Specialist Speech and Language Therapist	Pennine Acute Hospitals NHS Trust
Sue Lewis	Partnership Quality Lead	Macmillan Cancer Support
Sian Lewis	Macmillan Clinical Lead Dietitian	Velindre Cancer Centre
Lynne Main	Specialist Occupational Therapist	NHS Lothian
Diane Mains	Occupational Therapist	NHS Greater Glasgow and Clyde
Orla Mannion	Senior Dietitian	The Christie NHS Foundation Trust
Peter McAuley	AHP Deputy Principal	Department of Health, Northern Ireland
Lynne McCartney	Physiotherapy Services Manager	Northern Health and Social Care Trust
Mary McClenaghan	Community Head and Neck Team	Lewisham and Greenwich NHS Trust
Dr Patricia McClure	Associate Head of School School of Health Sciences	Ulster University
Euan McComiskie	Allied Health Professional Advisor	NHS National Services Scotland

<b>Full Name</b>	<b>Occupation</b>	<b>Organisation</b>
Rosemary McCuaig	Occupational Therapy Team Leader	NHS Borders
Colette McCullagh	Macmillan Occupational Therapist	Western Health and Social Care Trust
Elizabeth McKean	Occupational Therapist	NHS Dumfries & Galloway
Marianne McLeod	Advanced Occupational Therapist	NHS Fife
Pauline McMullan	Assistant Head of Clinical Education Centre (Allied Health Professional Unit)	Health and Social Care Clinical Education Centre, Northern Ireland
Ruth Mhlanga	Service Lead Rehabilitation Team	South Tees Hospitals NHS Foundation Trust
Stephanie Miles	Physiotherapist	Pennine Care NHS Foundation Trust
Marie Morris	Team Leader	5 Boroughs Partnership NHS Foundation Trust
Margaret Moorehead	Assistant Director Allied Health Professions	South Eastern Health and Social Care Trust
Charlotte Morrell	Macmillan Specialist Physiotherapist	Wigan and Leigh Hospice
Amy Mountford	Physiotherapist	Derby Teaching Hospitals NHS Foundation Trust
Genevieve Murphy	Macmillan Senior Learning and Development Manager	Macmillan Cancer Support
Linda Murray	Dietetic Clinical Team Lead	NHS Greater Glasgow & Clyde
Hannah Nightingale	Urology Specialist Radiographer	The Christie NHS Foundation Trust
Valerie Norrie	Occupational Therapist in Palliative Care	NHS Tayside
Merette Oslen	Occupational Therapy Team	Oxford University Hospitals NHS Trust
Stephanie Pye	Macmillan Physiotherapist	Pennine Acute Hospitals NHS Trust
Paul Rafferty	Head of AHP Services	Western Health and Social Care Trust
Jyotsna Rai	Specialist Physiotherapist	NHS Lothian
Lesley Sayliss	Macmillan Clinical AHP Educator	Hertfordshire Community NHS Trust
Sarah Scoble	Therapy Team leader & Occupational Therapist	The Princess Alice Hospice
Patrick Sherlock	Palliative Care Physiotherapist	Marie Curie
Joanne Sloan	Occupational Therapist	Pennine Care NHS Foundation Trust
Rebekah Smith	Senior Dietician	Lewisham and Greenwich NHS Trust
Angela Southam	Specialist Palliative Care Dietitian	Victoria Hospice, Kirkcaldy
Rachael Swan	Speech & Language Therapist	NHS Fife
Alex Taylor	Churchill Occupational Therapy Team Lead	Oxford University Hospitals NHS Foundation Trust
Michelle Tennyson	Assistant Director Allied Health Professions & Personal and Public Involvement	Public Health Agency
Elaine Tracey	Specialist Occupational Therapist	NHS Lanarkshire
Mandy Trickett	Macmillan Specialist Physiotherapist	Belfast Health and Social Care Trust
Georgia de Vicq	Specialist Dietician Cancer & Palliative Care	Royal Cornwall Hospitals NHS Trust

<b>Full Name</b>	<b>Occupation</b>	<b>Organisation</b>
Kerry Walker	Occupational Therapy	Health and Social Care Partnership South Ayrshire Council
Karen Walsh	Macmillan Speech & Language Therapist	Pennine Acute Hospitals NHS Trust
Bente Whitby	Macmillan Physiotherapist	NHS Frimley Health Foundation Trust
Kirstie White	Senior Practitioner Occupational Therapist	East Lothian Council
Sharon Wiener-Ogilvie	Educational Project Manager	NHS Education Scotland
Paul Williams	AHP Team Lead Oncology Services	West of Scotland Cancer Centre
Wendy Wilkinson	ABM ULHB Occupational Therapist	Abertawe Bro Morgannwg University Health Board
Hazel Winning	Lead Allied Health Professional Officer	Department of Health, Northern Ireland
Jennifer Woods	Senior Occupational Therapist	The Christie NHS Foundation Trust



As a healthcare professional, you'll know that cancer can affect everything. Health, relationships, finances, and more. At Macmillan, we've been helping to ease the practical and emotional consequences of cancer since 1911. Today you can call on us whenever you feel the people in your care would benefit from extra support.

As the UK's leading cancer support charity, we can provide a range of services to complement your vital work, giving you the resources you need to help people live as full a life as possible

Working with you, we can be there for people during treatment, help with job and money worries and will always make time to listen if someone needs to talk. Whatever's needed – be it help with benefit applications or emotional support for the whole family – we can work together to transform how people live life with cancer.

From diagnosis, for as long as we're needed, we're here to help you support the people in your care and their loved ones. Visit [macmillan.org.uk/professionals](https://www.macmillan.org.uk/professionals) for more information about our services.