Cancer					
Tier	Task / Activity	Self-Assessment / Date	Competency Assessed Y / N	Competency Achieved	Signed off by Clinical Assessor / Date
	Knowledge and Understanding • Demonstrate an understanding of the multiple underlying causes, pathophysiology and progression of the more common cancers and pre-cancers (breast, cervix, lung, colorectal, prostate, skin and lymphoma). • Demonstrate an understanding of the most common medications used in the treatment and/or management of cancers in primary care, particularly breast and prostate cancers. • Demonstrate an understanding of the multi-factorial nature of patients' journeys after their cancer diagnosis, including psychological, social, medical, occupational, family, relationship, self-identification, grief, denial etc. • Demonstrate an understanding of the most common symptoms and signs which may indicate that a referrer should discuss on the same day with a referrer to consider urgent investigations or 2ww. Note that this is a list of the signs/symptoms most likely to be encountered during a GPN consultation. Exhaustive list in footnote[1]: Lower GI symptoms o **Abdominal bloating** particularly in women >39yo (ovarian cancer) o **Unexplained abdominal pain** with unexplained weight loss in adults >49yo (colorectal) o **Unexplained abdominal pain** with unexplained rectal bleeding in adults <50 (colorectal) o **Upper abdominal pain** with weight loss in adults >54yo (oesophageal or stomach) o **Abdominal or pelvic pain** (persistent or frequent – particularly more than 12 times per month) in women, especially if >49 (ovarian				

	○ **Abdominal pain** with weight loss, 60 and over (pancreas) ○ **Irritable bowel syndrome** symptoms within the last 12months in women 50 and over (ovarian) ○ **Change in bowel habit** (unexplained), 60 and over (colorectal) ○ **Change in bowel habit** (unexplained) with rectal bleeding, in adults under 50 (colorectal) ○ **Change in bowel habit** without rectal bleeding, adults under 60 (colorectal) ○ **Change in bowel habit** (unexplained) in women (ovarian) ○ **Diarrhoea or constipation** with weight loss, 60 and over (colorectal) ○ **Irritable bowel syndrome symptoms** within the last 12 months, in women 50 and over (ovarian) ○ **Rectal bleeding** (unexplained), 50 and over (colorectal) ○ **Rectal bleeding** with abdominal pain or change in bowel habit or weight loss or irondeficiency anaemia in adults under 50 (colorectal) Upper GI symptoms ○ **Dyspepsia** with weight loss, 55 and over (oesophageal or stomach) ○ **Dysphagia (oesophageal or stomach)** ○ **Nausea or vomiting** with weight loss, 60 and over (pancreatic) ○ **Reflux** with weight loss, 55 and over oesophageal or stomach) ○ **Lip or oral cavity lump (oral)** ○ **Appetite loss** (unexplained), 40 and over, ever smoked (lung or mesothelioma) ○ **Appetite loss** (unexplained), 40 and over, exposed to asbestos (mesothelioma) ○ **Appetite loss** (unexplained) with cough or fatigue or shortness of breath or chest pain or weight loss (unexplained), 40 and over (lung or mesothelioma) ○ **Appetite loss** (unexplained) (Several, including lung, oesophageal, stomach, colorectal, pancreatic, bladder or renal) ○ **Appetite loss or early satiety** (persistent or frequent – particularly more than 12 times per month) in women, especially if 50 and over (ovarian) Gynae symptoms				

	○ **Postmenopausal bleeding** in women 55 and over (endometrial) ○ **Unexplained vulval bleeding** (unexplained) in women (vulval) ○ **Appearance of cervix** consistent with cervical cancer (cervical) ○ **Vaginal mass** (unexplained and palpable) in or at the entrance to the vagina (vagina) ○ **Vulval lump or ulceration** (unexplained) (vulval) ○ **Breast lump** (unexplained) with or without pain, 30 and over (breast) guidance suggests urgent referral within 2 weeks. ○ **Breast lump** (unexplained) with or without pain, under 30 (breast) guidance suggests routine breast referral, although clinical assessment might suggest urgent referral, which would override guidance ○ **Vaginal mass** (unexplained and palpable) in or at the entrance to the vagina in women (vaginal) ○ **Vulval lump** (unexplained) in women (vulval) CNS symptoms ○ **Loss of central neurological function** (progressive, subacute) in adults (brain or CNS) Symptoms seemingly MSK ○ **Back pain** with weight loss, 60 and over (pancreas) Chest symptoms ○ **Chest pain** (unexplained), 40 and over, ever smoked (lung/mesothelioma) ○ **Chest pain** (unexplained), 40 and over, exposed to asbestos (mesothelioma) ○ **Chest pain** (unexplained) with cough or fatigue or shortness of breath or weight loss or appetite loss (unexplained), 40 and over (lung or mesothelioma) ○ **Chest infection** (persistent or recurrent), 40 and over (lung) ○ **Cough** (unexplained), 40 and over, ever smoked (lung or mesothelioma) ○ **Cough** (unexplained), 40 and over, exposed to asbestos (mesothelioma)				

	○ **Cough** (unexplained) with fatigue or shortness of breath or chest pain or weight loss or appetite loss (unexplained), 40 and over (lung or mesothelioma) ○ **Shortness of breath** (unexplained), 40 and over, ever smoked (lung or mesothelioma) ○ **Shortness of breath** (unexplained), 40 and over, and exposed to asbestos (mesothelioma) ○ **Shortness of breath** with cough or fatigue or chest pain or weight loss or appetite loss (unexplained), 40 and over (lung or mesothelioma) Urological symptoms ○ **Haematuria** (visible and unexplained) either without urinary tract infection or that persists or recurs after successful treatment of urinary tract infection, 45 and over (bladder or renal) ○ **Haematuria** (visible) in men (prostate) ○ **Urinary tract infection** (unexplained and recurrent or persistent), 60 and over (bladder) ○ **Urinary urgency or frequency** (increased and persistent or frequent – particularly more than 12 times per month) in women, especially if 50 and over (ovarian) Other symptoms ○ **Diabetes** (new onset) with weight loss, 60 and over (pancreas) ○ **Blood glucose levels high** with visible haematuria in women 55 and over (endometrial) ○ **Weight loss** (unexplained) (Several, including colorectal, gastrooesophageal, lung, prostate, pancreatic or urological cancer) ○ **Weight loss** (unexplained) with abdominal pain, 40 and over (Colorectal) ○ **Weight loss** (unexplained) with rectal bleeding in adults under 50 (Colorectal) ○ **Weight loss** (unexplained) without rectal bleeding, 50 and over (Colorectal) ○ **Weight loss** (unexplained), 40 and over, ever smoked (lung or mesothelioma)				

	○ **Weight loss** (unexplained), 40 and over, exposed to asbestos (Mesothelioma) ○ **Weight loss** with cough or fatigue or shortness of breath or chest pain or appetite loss (unexplained), 40 and over, never smoked (mesothelioma or lung) ○ **Weight loss** with upper abdominal pain or reflux or dyspepsia, 55 and over (oesophageal or stomach) ○ **Weight loss** (unexplained) in women (ovarian) ○ **Weight loss** with diarrhoea or back pain or abdominal pain or nausea or vomiting or constipation or newonset diabetes, 60 and over (pancreatic) **Patient Management and reviews** • Be able to administer the most common medicines used in primary care, under shared care agreements (Gonadatrophin Releasing Hormone (GnRH) antagonists, somatostatin analogues etc., as well as Low Molecular Weight Heparins (LMWH) where indicated) • At Diagnosis/post-surgical/after significant changes: ○ Cancer Care Review (CCR) ▪ Be able to empower patients living with and beyond cancer to talk about their cancer experience and concerns. ▪ Be able to inform about, and empower engagement in the support that is available in the patient's community. ▪ Be able to supply the information the patient needs to begin supported self-management. ▪ Be able to discuss the patient's diagnosis. ▪ Be able to discuss the cancer treatment and its possible consequences and ask for clarification from the patient's GP or oncology CNS where this is outside scope of competency. ▪ Ensure that patients with cancer, including the effects of cancer or the effects of current or previous cancer treatment, have a prescription exemption certificate.				

	▪ Be able to give information as requested by the patient and/or their carers. ▪ Be able to give advice about physical activity and signposting to local support services. ▪ Be able to signpost to Macmillan and other organisations. ▪ Be able to signpost/refer (depending on local pathways) to social prescribers, wellbeing practitioners or link workers. o Be able to elicit patients understanding of their cancer(s) o Have a shared decision-making conversation with the patient about the overall risks and benefits of lifestyle change and the medications available, alongside their potential side effects. o Be able to explain the type and frequency of monitoring, as directed by the oncology team. o Be able to revisit explanations and shared decision-making conversations as needed. o Be able to perform the primary care tests necessary to review. o Be able to participate in the review of results and ensuring patient receives follow up from a suitable senior clinical where appropriate. o Be able to administer appropriate vaccinations to patients living with and beyond cancer as per local and national guidance. o Be able to recognise when patient complexity exceeds competence and refer on as appropriate.				