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Macmillan Person Centred Care Competency Framework

**Skills, knowledge and competency
level assessment and development
tool**

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A few things to remember..

- Macmillan's Person Centred Care Competency Framework (MPCCCF) It is not intended to be a recipe to be followed step by step; more a guide which organisations and individuals will need to adapt in accordance with their local context and needs, and as work settings and roles evolve over time.
- It is the only multi-professional competency framework based on the unreported needs of people living with cancer (PLWC) gathered from UK holistic needs data. Covering levels from volunteer through to consultancy level, transferable across acute, primary and community services.
- The key focus of MPCCCF is in ensuring an integrated approach to personalised care to improve the outcomes for PLWC

The purpose of this toolkit

Professional development and knowledge have developed a suite of tools and resources to support the wider adoption of MPCCCF. These currently include:

- A short video introducing the framework
- A virtual classroom session facilitated by a PD&K Lead
- **A skills knowledge and competency level assessment and development tool.**

This tool aims to support those wanting to use the framework for induction or annual review to assess and develop individual skills and knowledge and/or as a team to assess and optimise skill mix. We hope that use of this tool will:

- 1. Clarify how the framework can be applied in practice**
- 2. Define a process to assess skills, knowledge and competency that centres around the times of need model**
- 3. Embed good practices in terms of reflective practice and revalidation**
- 4. Keep the needs of people living with cancer (PLWC) as the focus when developing individual skills and knowledge and skill mix within a team or service**

Process

The following process is to be used as a guide.

Step 1

- Complete **patient case study** using template and review
- **Reflect** on the patient case study using the prompts in each of the boxes.

Step 2

- Identify the **current** needs base competency level and contribution by level of role for the 7 unmet needs where it applies (individually then with line manager)

Step 3

- Complete **knowledge and skills assessment** tool focussing on the 3 themes; knowledge, skills and drivers

Step 4

- Reflecting on the insight from the case study and knowledge and skills review, return to the competency and development assessment tool to detail specific individual **actions**

Step 5

Review evidence and insight from all activities to formalise **actions and next steps**. This should enable and facilitate opportunities:

- To guide and inform CPD through knowledge and skills development
- For service improvement as a team
- Peer review as part of annual review (individual or as a service/team)

Step 1 – Case study and reflective practice

Includes:

- Times of need diagram
- Example case study
- Case study template

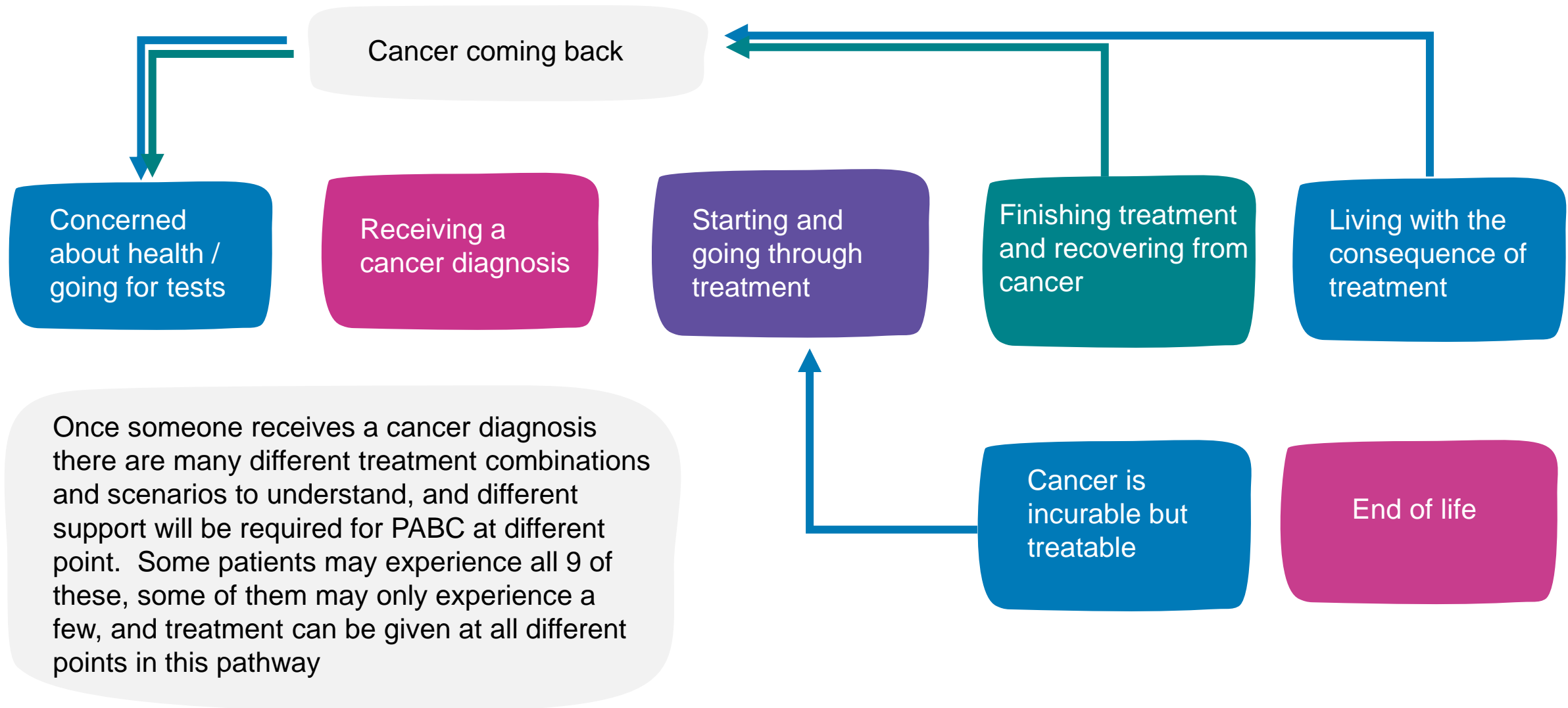
ACTION

Focussing on the 'touch points' within the Times of Need model detail:

- What the problem was?
- How it was identified?
- How it was resolved and who resolved it?
- Review and reflect

N.B. You may not have had contact with someone affected by or living with cancer throughout the entirety of their cancer pathway and as such will only have information for parts of the case study template

Times of Need



Example Case study

Background

Patient 'AG' had been diagnosed with prostate cancer. The Pt navigator (Rebecca) contacted AG to complete a HNA as it had been highlighted that there were issues with his wife who had recently died.

AG told Rebecca that his wife had died suddenly of COVID-19 at home, in his arms, witnessed by his 13 year old daughter. He said that his wife had been unwell and had been to hospital but returned home, deteriorated and died before the ambulance arrived.

AG was understandably devastated, not only for himself but for his children, particularly his daughter who he said was traumatised by having witnessed her mother's death.

What patient needs were identified

Rebecca identified a number of issues, apart from his diagnosis of prostate cancer that AG needed help with:

- Emotional support for him and his children. AG told Rebecca that the only support he had received from his GP was a text with a link to a service offering emotional support. AG had called but was yet to receive a reply.
- Financial support. AG had worked as a self-employed taxi driver but had had to give up work to look after his children.
- Housing issues. AG had been given a court order for possession of his property

What was the outcome

For a number of weeks, Rebecca contacted AG by telephone every week to check how he and his children were and to offer support. As a result, Rebecca also:

Applied for a Samaritan fund grant of £1,500 which was approved

Referred AG for a benefits review

Applied for a Macmillan grant which was approved

Referred AG to 'Dimpleby' who organised foodbank deliveries

Liaised with the benefit advisor regarding bereavement and funeral grants

Liaised with the benefits team regarding AG's housing situation and drafted a letter to support his rehousing

Referred the patient and his children to 'Dimpleby' for counselling. Rebecca also emailed the patient details of other bereavement support organisations e.g. CRUSE, Winston's Wish, Good Grief, Barnardo's and the Covid-19 NHS bereavement helpline.

When Rebecca rang AG for the final time, he said that things were improving and he was extremely grateful for her input and support

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Step 1: Case study template

Please do not use any patient identifiable information/details and anonymise any information that may be attributable to an individual

When was it?	
Where was it?	
Brief summary of the patient, their diagnosis and treatment plan	
Any other background information you feel is relevant	

Step 1: Case study template

Considering the 'Times of need' (where it applies to the patient case study) detail:

- What the problem was?
- How it was identified?
- How it was resolved and who resolved it?

Concerned about health/going for tests	
Receiving a cancer diagnosis	

Step 1: Case study template

Staging and going through treatment

Finishing treatment and recovering from cancer

Step 1: Case study template

Living with the consequences of treatment

Cancer is incurable but treatable

Step 1: Case study template

End of life

Additional
information

Reflective practice: good practice guide

Reflection is the thought process where individuals consider their experiences to gain insights about their whole practice. Reflection supports individuals to continually improve the way they work or the quality of care they give to people. It is a familiar, continuous and routine part of the work of health and care professionals

Source: General Medical Council (2019)

Reflective practice is a paper requirement for individual career progression in health care. However, if done properly, it can greatly improve an individual's skills as a health care professional. The ability to become reflective in practice has become a necessary skill for health professionals. Key principles for reflective practice using the MPCCCF are:

- Reflect as an **individual** and with one other person, usually your line manager or supervisor
- Reflect in **groups, teams and multi-professional** settings to develop ideas or actions that can improve practice and ultimately the care and support PLWC receive
- **Create regular opportunities** to reflect on the patient case studies using the MPCCCF individually or as a team

For health and social care professionals and others working to support people affected by cancer who are new to reflective practice or would like to refresh their knowledge, there is an E-Learning course available on Macmillan Learnzone

<https://learnzone.org.uk/courses/course.php?id=783>

Step 1: Case study reflection

<p>What key things did you take away or learn from this experience/feedback?</p>	
<p>How did you address any issues or problems that arose?</p>	
<p>What would you do differently, if anything, next time around?</p>	

Step 1: Case study reflection

<p>How has it impacted on your practice?</p>	
<p>Are there any changes you can quickly apply to your practice?</p>	
<p>Are you able to support yourself and other colleagues better?</p>	

Step 1: Case study reflection

What can you do to meet any gaps in your knowledge, skills and understanding?

- **Review the competency level and contribution by role level matrix.**

Reflect on:

- **self assessment**
- **line manager assessment**

Consider:

- **good practice guide for skills and knowledge development**
- **Evidence and learning from peers**

Step 2 & 4 –assessment and development

Includes:

- Competency level assessment and development tool

ACTION

Having reflected on the patient case study and times of need, use the matrix in this section to:

1. Agree the current needs based competency level you are working at
2. Agree the current contribution by level of role you are working to

Once you have completed step 4 return to the matrix and complete the areas for development

Step 3 & 5 Competency level assessment and development tool

Job title:

		Current level (based on evidence in case study)		Area for development What do I need to achieve & why? (include level) (where applicable link to appraisal and PDR objectives)	Development action What education and training do I need? How will I achieve this?	Date identified	Review date	Date achieved	
		Self assessment	Line manager						
Needs based competency level									
Contribution by level of role	1. Pain								
	2. Fatigue								
	3. Fear, anxiety, worry, depression								
	4. Practical & mobility								
	5. Making plans								
	6. Finance & insurance								
	7. Symptom management								
	7a. Constipation								
	7b. Weight loss/reduced appetite								
	7c. Nausea & vomiting								
	7d. Body image								
	7e. Sexual issues								
7f. Peripheral neuropathy									

Step 3– Knowledge and skills assessment tool

Includes:

- Knowledge and skills development: good practice guide for MPCCCF
- Knowledge and skills assessment tool

ACTION

Focussing on the 3 themes (knowledge, skills and drivers) and using the questions in each box as prompts, discuss and summarise in the context of the patient case study you have provided

Use the evidence and insight from this process to return to the assessment and development tool:

- Agree areas for development and key actions as part of step 5

Knowledge and skills development: good practice guide

Education and training should consider the latest evidence, insight and best practice; it should be responsive and flexible to our workforce and the changing needs of people living with cancer. Education and training therefore should be varied in content, time and how it is delivered/accessed e.g.

- Offers opportunities for **reflection** of own practice through action learning sets/groups, online forums and networking opportunities
- Considers **blended** learning approaches e.g. e-learning, workshops, portfolios, workplace assessments, mentoring
- Creates **opportunities to learn from peers** e.g. shadowing, peer to peer review using the MPCCCF tools
- **Incorporates** learning from and with patients and carers e.g. through **case studies**
- Recognises **mixed audiences** as an asset
- Creates **opportunities** to discuss and **reflect difficult and complex cases**
- **Supports taught courses with tools** for workplace based assessment and/or further learning
- Has **clearly developed pathways** e.g. accredited modules/courses from essential level to expert level

Step 4: Knowledge & Skills assessment tool

Knowledge

What training and education has the individual come into the role with?
What training and education have they accessed whilst in this role?

Skills

What experience and on the job training has the individual come into the role with?
What experience and on the job training have they gained whilst in this role? E.g. shadowing

What drives you to do this/motivation

Explain.....

Step 5 – actions and next steps

Includes:

- Actions and next steps template

ACTION

Review the evidence and insight from all activities to formalise actions and next steps. This should enable and facilitate opportunities to enable a more integrated and person-centred approach to providing care and support to PLWC. This could be:

- Adopting the MPCCCF as an individual induction or CPD tool
- Adopting the MPCCCF as a tool to assess skill mix
- Wider service review and improvement as a team
- Peer review as part of annual review (individual or as a service/team)

Step 6: actions and next steps

Action	Detail	(where applicable) Links to competency level and/or contribution by role level	Applicable to			Lead	Date identified	Review date	Date achieved
			Individual	Team	wider				
1									
2									
3									
4									
5									
6									
7									

Action	Detail	(where applicable) Links to competency level and/or contribution by role level	Applicable to			Lead	Date identified	Review date	Date achieved
			Individual	Team	wider				
7									
8									
9									
10									
11									
12									

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For information, support or just someone to talk to, call 0808 808 00 00 or visit [macmillan.org.uk](https://www.macmillan.org.uk)