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Competency framework for practitioner psychologists working in adult cancer care

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AUTHORS

This framework has been authored by the committee for the DCP Oncology and Palliative Care Faculty (SIGOPAC) Committee, with the work being led by Mike Rennoldson and Alex King.

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Background

Cancer is a highly diverse set of illnesses, that are serious and can be life threatening, and often require highly technical, and toxic, treatments. They can also be chronic conditions that people ‘live with’. This means that cancer is simultaneously the most common cause of death in the UK, whilst millions of people in the UK also live with and beyond cancer and its impact.

Cancer healthcare is characterised by high levels of distress experienced by people with cancer, their families, and also staff, and complex psychological issues around treatment choice, treatment effects, quality of life, and end of life. High quality healthcare in these settings seeks to be holistic, person-centred and multi-professional.

PURPOSE OF THIS GUIDANCE

There are welcome policy developments across the UK that have aimed to raise the profile of psychological needs in cancer settings, and to increase access to psychological care. There has also been an increase in the number of psychological professionals who are equipped to contribute to this work.

One constant in adult cancer care has been the NICE (2004) guidance which introduced a four level model of psychological care. This model continues to shape current health policy in this area, but as the range of psychological professionals working in cancer increases, there is a need and opportunity to guide services about the differences in psychological expertise required at each level of the model.

This document can be considered as a detailed description of the competencies required for the delivery of Level 4 psychological care for adults with cancer by psychological practitioners. Work in these settings requires

more specific competencies than can be acquired in doctoral-level practitioner training programmes.

In 2011 the Faculty of Oncology and Palliative Care produced induction guidance for new psychologists working in these settings. This document is an updated version of that earlier guidance. We frame the guidance as a list of competencies, which we think will still be helpful in informing the induction support for colleagues new to this area of work.

Practitioner psychologists who work in cancer frequently work with end of life and palliative care concerns. This guidance includes competencies for psychological work in palliative and end of life care for people with cancer. Palliative care services cater to many more conditions than cancer, and specialist palliative care teams should have their own dedicated psychological staff.

HOW TO USE THIS GUIDANCE

This guidance is for practitioner psychologists who already meet the requirements for registration with the HCPC as a practitioner psychologist. Therefore we only include the additional competencies needed for work in this specialist area.

We also note that there can be no ‘one size fits all’ set of competencies for roles in these areas, and that the requirements of roles can vary significantly. This guidance is

therefore indicative, rather than prescriptive. Practitioners are warmly encouraged to adapt these to the specific requirements of their role when planning their CPD.

The guidance is divided into two sections: knowledge and skills. We recognise that, in practice, these domains are closely intertwined. However this organisation may help with the planning of CPD.

HOW THIS GUIDANCE WAS PRODUCED

This guidance was drafted using the existing 2011 guidance, and with reference to international competence frameworks for psychological work in cancer and palliative care. This draft was consulted on with members of the Faculty of Oncology and Palliative Care, and representatives of the Divisions of Health and Counselling Psychology.

A faint, light-colored illustration of a woman with long, wavy hair, wearing a long, flowing dress. She is holding a glowing, multi-pointed orb or star in her right hand, which is raised towards her face. The illustration is rendered in a simple, line-art style with a soft glow around the orb.

Section 1: Knowledge

SECTION 1

Section 1: Knowledge

MEDICAL KNOWLEDGE

- K1. Causes of cancer including behavioural risk factors, environmental exposures, and common pathways of heritability such as BRCA 1.
- K2. Nature and course of cancers and their respective clinical pathways.
- K3. Cancer treatments and side effects, including their short- and long-term effects on psychological and social functioning (including interaction with mental health treatments) e.g. chemotherapy agents, radiotherapy, immunotherapies, surgery, hormone therapies, steroids, etc.
- K4. Understanding of multidisciplinary elements of prehabilitation and rehabilitation.
- K5. Familiarity with medical approaches to symptom management and end of life care.
- K6. Effects of cancer pathophysiology upon psychological processes, especially for CNS tumours, or brain metastases.

PSYCHOLOGICAL KNOWLEDGE

- K7. Biopsychosocial model and principles of holistic care.
- K8. Models of health and illness beliefs (representations), health information processing, health behaviour change.
- K9. Models of adjustment to serious and chronic illness (e.g. Brennan social-cognitive model, Moss-Morris unified theory of adjustment).
- K10. Stress appraisal and coping theory.
- K11. Models of loss, grief, existential concerns, and bereavement.
- K12. Attachment, systemic and couples approaches, including illness narratives.
- K13. Cancer adaptations to 2nd and 3rd wave CBT models, for example that focus on coping with treatment side effects, demoralisation or fear of recurrence.
- K14. Models of treatment decision making.
- K15. The intersection between culture, illness experience and cancer treatment.
- K16. Factors affecting suicide risk in people with cancer.
- K17. Models of specific cancer related problems such as fatigue, psychosexual difficulties or fear of recurrence.
- K18. Models of care to improve patient engagement, treatment adherence and health outcomes (e.g. trauma-informed care).
- K19. Models of supervision and facilitation of reflective practice as applied to psychological professionals in cancer care and wider cancer workforce (e.g. clinical nurse specialists, ward-based staff etc).

SERVICE CONTEXT KNOWLEDGE

- K20. Understanding the role of specialist psychological support services within an integrated psychosocial care pathway, including the provision of direct specialist clinical input (for people with cancer, couples, carers, families and groups) and indirect specialist input (through teaching, training and supervision for other professionals, staff support and case consultation).
- K21. Understanding of the roles of a full range of healthcare professionals including

GPs, surgeons, oncologists, haematologists, specialist and ward nurses and advanced nurse practitioners, radiographers and review radiographers, complementary therapists, allied health professionals, palliative care physicians and clinical nurse specialists, information staff, cancer support workers, MDT coordinators and relevant administrative and informatics staff; including their training pathways, roles, functions within different contexts (e.g. hospital ward nursing vs hospice ward nursing), boundaries and culture.

K22. The role and relation of Level 3 and 4 specialist psychological care to personalised care interventions (e.g. Holistic Needs Assessment (HNA), care plan, GP cancer care review, End of Treatment Summary (EOTS)).

K23. The effect of different cancer care settings on the psychological care that can be delivered in that context because of issues

such as staffing and continuity of care and, the range of presentations that practitioners must respond to. For example how psychological care will differ between primary care, acute hospitals, hospices, third sector services, online and telephone support.

K24. Where relevant the role, function, boundaries and expectations of primary (e.g. NHS TTAD) and secondary mental health services in relation to cancer care.

K25. The general role and capability of local and national third sector cancer support providers (e.g. Macmillan, Maggie's, Young Lives vs. Cancer (YLVC), Trekstock, Anthony Nolan, etc). The expectations and context for psychological roles linked to these organisations.

K26. Advanced care planning.

POLICY CONTEXT KNOWLEDGE

K27. Faculty of Oncology and Palliative Care (formerly SIGOPAC) quality and outcomes in psycho-oncology.

K28. Personalised care agenda.

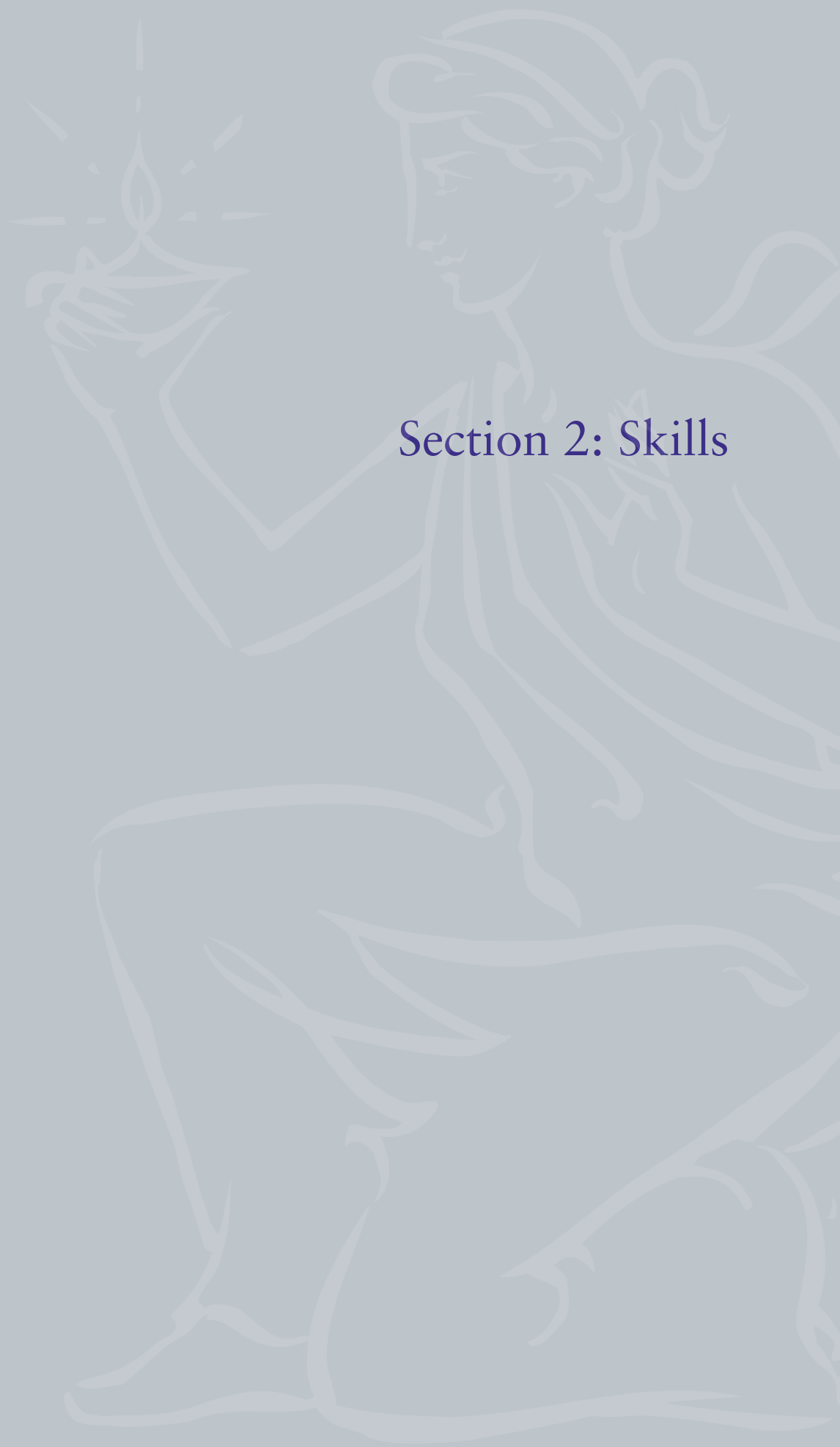
K29. The role and relation of Level 3 and 4 specialist psychological care to personalised care interventions (e.g. HNA, care plan, GP cancer care review, EOTS).

K30. Current priorities and metrics for cancer services – waiting times, clinical outcomes, personalised care interventions, patient experience survey, quality of life survey.

K31. Relevant national guidance (e.g. NICE Supportive and Palliative Care Guidance in England).

SECTION 2

Section 2: Skills



Section 2: Skills

ASSESSMENT SKILLS

- S1. Gather and synthesize bio-psycho-social-spiritual information within an assessment.
- S2. Explore multiple levels of beliefs, hopes, expectations and needs by the people with cancer, their families and support network, and their cancer team that may affect aims for psychological intervention, whilst holding the person's preferences at the centre of care.
- S3. Explore the person's understanding of what cancer represents, including family and cultural experience of cancer, their own cancer journey and broader experience of health and illness.
- S4. Assess the person's strengths and resources and the useful adaptations they have already made in the context of cancer.
- S5. Assess risk in the specific context of cancer, considering relevant risk factors such as acute pain, persistent symptom burden, demoralisation, poor prognosis, existential concerns and protective factors such as social support.
- S6. Assess cognitive functioning in the context of cancer and treatments.
- S7. Contribute to multidisciplinary assessment of mental capacity in the context of complex decision-making, distress and mental health issues.
- S8. Sensitively explore influence of background factors that may indirectly influence cancer adjustment (e.g. past trauma, mental health issues and prior mental wellbeing), in the context of ongoing treatment for serious illness.
- S9. Understand and work with ambivalence and stigma in relation to psychological care in cancer.
- S10. Undertake specialist forms of assessment that are indicated for specific treatment pathways, such as risk-reducing surgery, or high-intensity treatments (e.g. total pelvic exenterations, stem-cell transplantation, CAR-T etc.).
- S11. Access, understand and use information from personalised care inputs (e.g. HNA) and multidisciplinary clinical notes to guide and inform assessment.

FORMULATION SKILLS

- S12. Incorporate highly specific contextual factors such as treatment trajectories, disease profile and social impact, within formulation.
- S13. Formulate how the person may experience and adjust to likely transition/critical points ahead in the cancer 'journey' (e.g. immediate post-surgical recovery, end of acute treatment, coping with late effects, evidence of disease progressing etc.), and collaboratively agreeing psychological input to anticipate and prepare for these challenges.
- S14. Formulate the interaction of previous mental health history and cancer-related stressors.
- S15. When a person's concerns are relatively unconnected to cancer and are not likely to impact cancer care and recovery, coordinate the formulation and care plan with other psychological services that may be involved.

INTERVENTION SKILLS

S16. Deliver cancer specific interventions as required (e.g. CALM, ACT/CBT for fear of recurrence or progression).

S17. Deliver psychologically-informed guidance and intervention for self-care and management of consequences of cancer and treatment (e.g. fatigue, persistent pain, emetophobia, eating distress, stoma/wound care).

S18. Deliver preventative, proactive, early intervention and prehabilitation interventions within the constraints of the cancer care pathway.

S19. Deliver couples interventions (e.g. for coping, or psychosexual difficulties).

S20. Involve caregivers and family in interventions, according to the wishes of the person with cancer.

S21. Deliver interventions that promote psychological adjustment to illness and post-traumatic growth.

S22. Adapt interventions to pace and process of cancer care (e.g. treatment and follow-up schedules).

S23. Deliver psychological components of multi-professional rehabilitation, including cognitive rehabilitation.

S24. Consult and advise concerning psychological interventions delivered at levels 1–3 by other staff, as appropriate to their skills and function, including watchful waiting.

S25. Deliver psychological interventions in the context of loss and bereavement, including in complex contexts such as medical errors or serious incidents.

S26. Plan and lead delivery of complex psychosocial interventions that involve multiple health professionals across inpatient and community settings.

S27. Deliver cancer specialist psychological interventions adapted to the needs of people with intellectual disabilities, acquired brain injury, social and communication disorders, and to collaborate with relevant specialist services.

EVALUATION SKILLS

S28. Advise on selection of methods/tools for identifying client concerns or assessing quality of life, considering psychometric properties and ecological validity.

S29. Co-create evaluation processes with people affected by cancer.

S30. Use audit, service evaluation, quality improvement methodologies, and unmet needs assessments to improve the quality of services.

PERSONAL AND PROFESSIONAL SKILLS

S31. Make complex ethical judgements in the context of cancer care e.g. in relation to confidentiality, respecting and working with denial, euthanasia [wish for hastened death] and assisted dying, communication within teams.

S32. Maintain self-care to manage the psychological impact of working long-term with issues of mortality, grieving for clients, and moral distress e.g. using clinical supervision and personal support.

S33. Reflect on spiritual-existential issues that arise in cancer care, and facilitate discussions of these matters with health professionals (both personal and clinical).

S34. Collaboratively identify staff support needs and implement or signpost to the full range of appropriate inputs, including reflective practice, debriefing and advocacy skills in guidance, advice and consultation to other MDT staff with regards to psychological factors influencing their care practice with people with cancer and carers.

S35. Deliver Level 2 psychological skills training.

S36. Communicate, and advocate for, psychological needs within a complex multi-professional medical context.

S37. Deliver clinical supervision to Level 2 and 3 staff.

S38. Collaboratively develop and deliver training and support for Level 1 psychosocial cancer care (e.g. cancer support workers).

S39. Influence and interact collaboratively with the wider system of cancer psychosocial support, as needed for patient care and service development.

S40. Plan, lead and advocate for the delivery of psychological care within highly complex, medicalised services.



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St Andrews House
48 Princess Road East
Leicester LE1 7DR, UK

☎ 0116 254 9568 🌐 www.bps.org.uk ✉ info@bps.org.uk