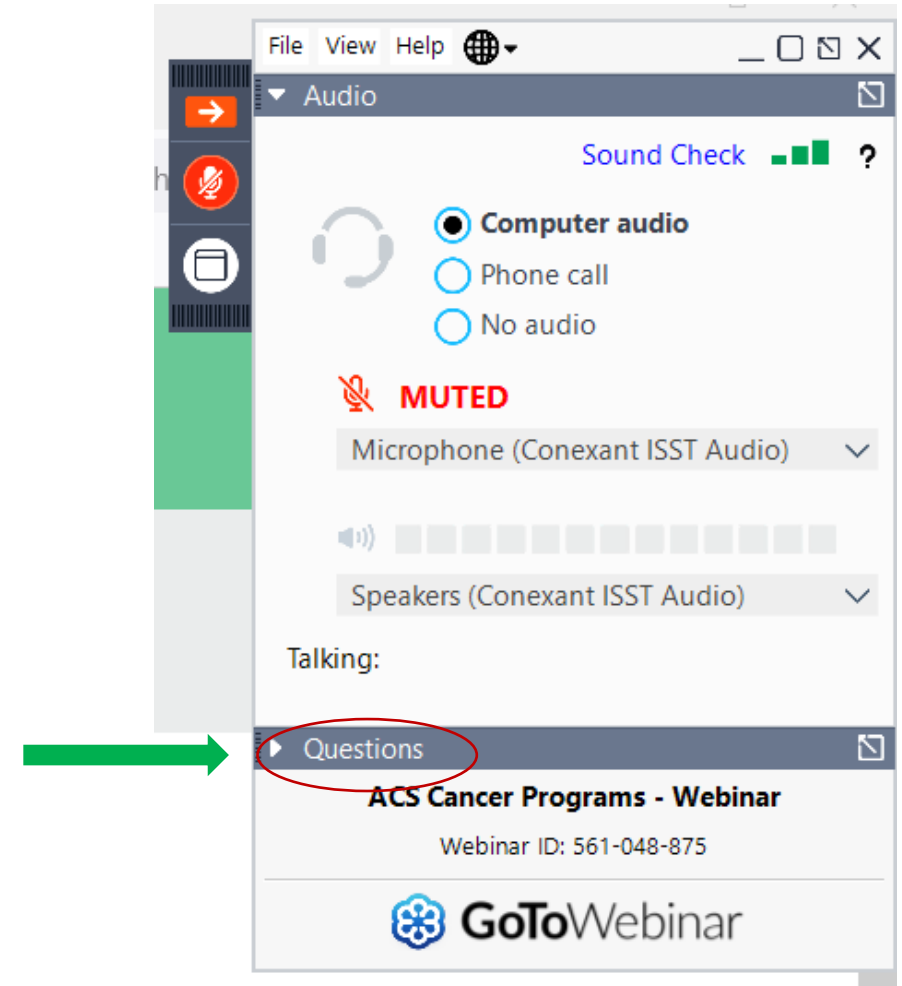


# CoC Standard 4.2: Update on the Oncology Nursing Credential

The webinar will start at 12:00 pm CT  
April 8, 2026

# Logistics

- All participants are muted during the webinar
- Questions – including technical issues you may be experiencing – should be submitted through the question pane
- Questions will be answered as time permits; additional questions and answers will be posted on the website
- Please complete the post-webinar evaluation you will receive via email



# Faculty



Erica Fischer-Cartlidge, DNP, RN, AOCNS, EBP-C  
Appointed Chair of Commission on Cancer Member Organization Steering Committee  
Member of Standards Committee

## Intent & Method

Ensure that nurses caring for oncology patients remain current and up to date in their knowledge and skills, to be able to provide high quality care



## Revised Requirements

Confirmation of current cancer-specific certification in the nurse's specialty through an accredited certification program

**OR**

Completion of **18** Nursing Continuing Professional Development (NCPD) contact hours each accreditation cycle

**AND**

Completion of oncology nursing competency assessment in the nurse's specialty, administered by the CoC-accredited facility each calendar year

# Scope of Standard



## Applies to:

- nurses in medical oncology
- nurses who give antineoplastic treatments
- nurses in radiation oncology
- clinical trials nurses, nurse navigators, nurses assigned to inpatient units or physician offices that are dedicated or designated to the care of patients with cancer
- nurses in the cancer center or cancer clinic within the accredited facility.



## This standard does not apply to:

- nurses within the CoC accredited facility who might have occasional contact with patients with cancer
- operating room or recovery room nurses
- nurses working in a private practice office
- nurses who are not employed by the CoC-accredited facility.

Policy and procedure must include:

1. A **process for identifying oncology nurses** required to hold cancer-specific certification or complete cancer specific continuing education
  - A process for **confirming nursing compliance** with the protocol
2. The methods of **assessment for oncology nursing competency** and practice skills (ex. testing, return demonstration, and/or simulation)
3. **Competency assessment(s) relevant to oncology nursing** specialties and areas of practice
  - Description of **time intervals** for competency assessment
  - A **management plan** for nurses who do not satisfactorily hold certification or complete continuing education; management plan for nurses who do not satisfactorily complete oncology nursing competency assessment
  - A **timeline for newly hired or newly onboarded** oncology nurses to meet compliance with this protocol, which is no later than one calendar year from the nurse's onboarding to an oncology care position

# Competency Assessments

Competency is a combination of **observable and measurable knowledge, skills, abilities, and personal attributes** that constitute a nurse's ability to delivery safe, quality care.

- Specific competencies determined locally by the facility's nursing leadership
- Competencies should be tailored to the nursing practice areas and the timepoint the assessment is occurring
  - Recommendation: Annual competency assessments focus on high-risk/low volume related to low-performing quality indicators OR new/revised protocols

# Submitted with Pre-Review Questionnaire



Rosters of oncology  
nurses in each required  
unit or designated area



Protocol addressing the  
requirements



Cancer Committee  
Meeting minutes  
documenting  
compliance and an  
annual review of the  
protocol and  
competency  
assessment program

# On the Day of the Site Visit



- Review the facility's documentation confirming oncology nursing continuing education and oncology nursing competency for two pre-selected nurses from the nursing rosters
- Recommended to engage in probing conversations during the assessment.

# Examples of Questions to Stimulate Dialogue

- Tell me about when competencies are completed for your nurses and how they are done? How do you select what items are included and when are they updated?
- Do you maintain a role-by-unit crosswalk or some other document that shows which nurses have cancer-specific certification and/or need oncology CE? What systems or reports do you use to track these things? Can you show me latest version and talk me through how it's maintained?
- What happens if you have a nurse that allows certification to lapse or doesn't complete the required CEs?
- What is the process if a nurse doesn't pass the competency assessment?

# Review Requirements

## Once Each Accreditation Cycle (Every 3 years)

- Cancer Committee reviews
  - Oncology nursing assessment program
  - Protocol for oncology nursing competency

## Once Each Year

- Cancer Committee evaluates facility's current compliance with assessing nursing CE and competency
- Must include:
  - Total # of nurses required to hold cancer-specific certification or complete cancer-specific CE
  - # of oncology nurses who hold cancer-specific certification
  - # of oncology nurses who are not in compliance with protocol

# ACTION PLAN

Starting with **2026 activity**: If the cancer program is not meeting the requirements of its protocol and/or this standard, an action plan must be developed and implemented to improve performance.

The action plan must document how the cancer program will investigate and resolve all barriers affecting compliance.



# A few popular FAQs and a Note

- Does this include NPs?
- Does this include nurses working in physician practice offices who have privileges at the center?
- Does the navigator or radiation certifications count ?

# FAQ Available!

- Very detailed FAQ
- Updated March 2026
- Available in the Standards Resource Library (Resources section of QPort)



## Frequently Asked Questions Standard 4.2: Oncology Nursing Credentials *Optimal Resources for Cancer Care (2020 Standards)*

### FAQs Addressed

[Implementation Timeline](#)  
[Defining the Scope of Standard 4.2](#)  
[Nurses Who Must Meet the Standard](#)  
[Certifications That Meet the Standard](#)  
[Required Contact Hours](#)

[Applicable Continuing Education](#)  
[Annual Review Requirements](#)  
[Required Documentation](#)  
[Competency Assessment](#)  
[Recommendations for Standard 4.2](#)

### Implementation Timeline

CoC-accredited programs must begin demonstrating compliance with the revised Standard 4.2: Oncology Nursing Credentials beginning January 1, 2026.

**2026:** Programs are expected to have completed the required protocol and initiated the process of reviewing and assessing oncology nursing continuing education and oncology nursing competency.

If the program determines it cannot meet compliance with Standard 4.2, the program may develop and implement an action plan to achieve compliance.

The action plan must outline the specific issue(s) affecting compliance and the interventions that will be implemented to achieve compliance. The specifics of the action plan must be documented in the cancer committee meeting minutes.

**2027:** Programs must demonstrate compliance with this standard as written.

# 2026 versus 2027 Site Visits

	2026 Site Visits	2027 Site Visits
<b>Years of Activity Reviewed</b>	2025, 2024, 2023	2026
<b>Version of the Standard</b>	Original	Revised
<b>Number of CEs required</b>	18 (lowered from previous site visits)	18
<b>Template</b>	<a href="#"><u>Oncology Nursing Credentials Template</u></a> (Provided by CoC; Linked in QPort)	None (must provide list of nurses; can be in any format)
<b>CE Documentation</b>	Certificates not required; aggregate numbers tracked through CoC template	Not required in PRQ; Documentation reviewed for 2 randomly selected nurses on day of site visit
<b>Action Plan</b>	Can be used to achieve a “Deficient but Resolved” rating	Required if not meeting standard for a “compliant” rating

# When does a nurse “count” for Standard 4.2

## Competency Assessments for Newly Hired/Onboarded Nurses

- Decided by the program but must be within a year of the nurse joining.
- Ex: Nurse joins program in September 2026. Must be included in nursing competency in calendar year 2027

## Required Number of NCPDs for Nurse Employed Less than the Full Accreditation Cycle

- Do not need to include nurses who have left the organization during the accreditation cycle
- Must accumulate 6 hours for each full calendar year employed during the accreditation cycle
- Ex: Nurse hired in Sept 2026. Programs next site visit is 2028. Nurse must accrue 6 NCPDs because the nurse was employed for the full calendar year 2027.

# Recommendations for 4.2 Compliance

- Increase the number of certified nurses by promoting/incentivizing certification
- Utilize a learning management system to track education centrally
- Offers CE credits within your organization (e.g. cancer conference, new nurse orientation, lunch and learns, grand rounds, journal clubs)
- Collect info year-round (don't wait until the site visit is due)
- Leverage/promote free CEs

# Q&A

# 2025-2026 Cancer Programs On-Demand Webinars Now Available

- Breast Screening: What Every Physician Needs to Know
- AJCC Protocol on Version 9 Staging System for Lung
- Technical Standards for Sarcoma Surgery
- New Smoking Cessation Standard
- QI for NAPRC Programs
- Standards Updates
- And More!



*Continuing education credits available for physicians, nurses, and oncology data specialists*

**REGISTER TO ACCESS  
ON-DEMAND CONTENT**



# QSCC26

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Thank you for attending today.

This concludes the CoC Standard 4.2: Update on the Oncology Nursing Credential webinar.

You may now disconnect.