

Frequently Asked Questions on the 2020 Optimal Resources for Cancer Care Standards Chapter 4: Personnel and Services Resources

Note: [Standard 4.2: Oncology Nursing Credentials](#) and [Standard 4.8: Survivorship Program](#) have separate, dedicated FAQs. They may also be accessed in the Standards Resource Library.

Standard 4.1: Physician Credentials

How do you define “or equivalent”? Can it be in the bylaws that foreign physicians are equivalent since they are not board eligible? Do they not need the 12 CEUs?

Equivalent means a foreign board certification. We do not require CMEs for foreign board certification.

What type of CME hours may be used for non-board-certified physicians? Tumor boards/cancer conferences with CME credits? CME-accredited journal articles?

Yes, attendance at multidisciplinary cancer case conferences and journal articles for Standard 4.1 can count as long as CMEs are offered.

Do recent grads or physicians in fellowship get excluded for five years from CME? How long is the grace period for new/recent grads?

As stated in Standard 4.1, this standard does not apply to physicians who are in fellowship or residency or physicians within the five years immediately following graduation from fellowship or residency.

Does the cancer committee determine which physician must meet the physician credentials requirement or does it have to be the entire specialty, i.e., general surgeons?

Standard 4.1 applies to physicians who are involved in the evaluation and management of cancer patients for at least one calendar year (see scope of standard language in Standard 4.1). If a general surgeon does not perform cancer surgery, then they do not fall within the scope of the standard.

Are board certified physicians required to demonstrate annual CMEs?

No, this requirement only applies to those physicians who are not board certified.

Standard 4.3: Cancer Registry Staff Credentials

Why isn't Certified Tumor Registrar (CTR) education addressed if all accredited hospitals need to have a CTR?

The standard requires the CTR credential. To maintain the CTR credential, education is required by the National Cancer Registrars Association (NCRA).

Why doesn't the CoC recommend attendance to state, regional or national conferences?

As stated in the standard, "it is encouraged that CTR's attend in person education at a state, regional, or national level."

Are CTRs not required to attend a national meeting during each cycle? Does a tumor board count toward a non-CTR's three hours of education per year?

National meeting attendance is not a requirement, but it is supported. Cancer conferences are acceptable for education for a non-CTR as long as it is applicable to the individual's role.

Is educational documentation required for non-CTR staff that work for less than one year?

You are not required to submit educational documentation for those working less than one year, but it is recommended that all registry employees receive continuing education.

If a non-CTR does not obtain certification within three years, then they may not abstract cases even if done under CTR supervision?

That is correct.

Does the 'supervisor' of the non-credentialed registrar have to be an actual supervisor in title or is a peer who is a Certified Tumor Registrar (CTR) adequate?

This is left to the discretion of the facility as long as it is a CTR and written in the policy and procedure.

What constitutes casefinding?

Please refer to the definitions provided by National Cancer Registrars Association (NCRA) and Surveillance, Epidemiology, and End Results (SEER) Program on their websites. Both are accepted by the CoC.

Standard 4.4: Genetic Counseling and Risk Assessment

What specialized education counts for an RN to be a Genetics professional?

Please review the section under 'Genetics Professionals may include' on page 28 of the 2020 Standards manual.

Does a City of Hope certified masters in genetics (non-nurse, non-physician) meet the standard? Receives CME on regular basis.

Please check with the City of Hope certification program to determine scope of training.

Would the City of Hope (CoH) program meet the requirement for education for an Oncology Nurse Practitioner? Would the NP with CoH training be eligible for both risk assessment and genetic counseling or are these separate?

Yes, but please check with the City of Hope certification program to determine scope of training.

Isn't it counter-intuitive to require an annual genetic counseling & risk assessment report without requiring a genetic counselor or geneticist on the committee?

We encourage, as available to each program, that these representatives be appointed to the cancer committee. They are not required cancer committee members at this time as we acknowledge that there are shortages in these areas.

We currently have a medical oncologist assess for genetic counseling need. Sometimes our medical oncologist orders genetic testing. We do have a certified MD by ABGC that sees complicated cases. Can we count what our medical oncologist does as 'genetic counseling' or any of the patients who see the ABGC MD are counted to have received genetic counseling?

The medical oncologists need to undergo ongoing continuing medical education in cancer genetics and hereditary cancer predisposition syndromes for eligibility. Please see evidence-based guidelines for what is appropriate.

How do you report to the cancer committee if genetic counseling is referred out?

While your program may not directly provide an onsite genetics professional, these services are required onsite or by referral. If they are being provided by referral, there needs to be a policy and procedure for cancer risk assessment, genetic counseling, and genetic testing. Your program should have a referral relationship with other facilities or local agencies. In addition, your program is expected to identify a process pursuant to evidence-based national guidelines

for genetic assessment for a specific cancer site. The process must address identifying individuals who need further genetic risk evaluation for the selected site. It is required that you identify those needing referrals as well as be able to track/report the number of patients that were referred out for genetic counseling.

How many pedigrees should be documented on the patient in the EMR?

The levels of pedigree that are required would be defined by the program as based on evidence-based guidelines.

Will a genetic counselor extender working with licensed genetic counselor meet the standard?

Based on the limited information provided we recommend that you discuss this with your credentialing department to determine if the counselor extender meets the appropriate criteria.

How many CEs a year should be in genetics?

The standard calls for ongoing education and does not specify the number of CEs required.

Is there different training needed for genetic risk assessment verses genetic counseling?

Yes.

For the cancer specific site evaluated annually, could the same site be used for more than one year?

Yes. The site evaluated may be repeated, but it is encouraged that the program evaluates different sites over time.

Standard 4.5: Palliative Care Services

Can we count referrals to palliative home care services? Many patients are referred to these services at the beginning of treatment.

It is expected that programs monitor approximately how many patients are referred to palliative care services (as defined by the committee). The standard applies to patients receiving care with curative intent, as well as palliative intent.

Families & patients equate palliation with hospice. What can we do to educate patients and families – especially patients who have healthcare providers as caregivers?

It is recommended that you discuss and develop with your cancer committee and cancer program. There are various palliative care organizations that may have resources to assist with this.

Standards 4.4 through 4.7

Can the annual evaluation at cancer committee be in any quarter meeting?

Yes. These reviews must be documented in the cancer committee minutes and must take place within the same year on which they are based or no later than the first quarter of the following calendar year. Please review guidance on page v.

What is meant by ‘monitor and evaluate’?

Review and determine if the criteria for each standard is met on an annual basis. This includes and is not limited to reviewing the process you have put in place for the requirements of the standard as well as any recommended changes to improve the process.

Are there templates available to standardize documentation requirements for ancillary services?

Templates are available for a number of standards, however, we do not have templates for Standards 4.4 through 4.7.

How should we determine a denominator when we evaluate/provide numbers?

You should include both the processes and the number of people using the services. A denominator is not required.

Standard 4.7: Oncology Nutrition Services

What components of the overweight and obese need to be focused on?

Please discuss with your cancer committee and the registered dietician nutritionist.