

Developing an Oncology IT Lead Role - Dr Hannah Berry

Cancer services

The Beacon Centre



Background: Like many departments within hospitals, Oncology uses multiple computer programs, and many are specific to our department. It was recognised that the IT department were unable to provide training for these specialist computer programs in addition to the training they provide for the general hospital programs for all staff. Previous training was provided on an ad hoc basis by experienced clinical staff, often fitting around other clinical commitments. For example, providing a training session for a new clinician would often take at least 1 hour, plus any additional sessions as needed. Clinicians rarely started on the same day so multiple training sessions were required.

Aims/Purpose: To facilitate effective and timely training when onboarding new clinical staff and updating existing colleagues within the Oncology team, to use the specialist software systems, in order to improve department efficiency, reduce delays, and therefore improve care for patients.

Methods: In response to the project aims, the Oncology department created a new lead role that focused on the use of the various specialist software systems. The IT Lead was initially responsible for providing training, but it was recognised that the role could be developed further.



Results: Creating a formal lead role meant the clinician was given allocated time in their job plan which enabled the training issue to be resolved and has also led to further developments which have improved department efficiency. The role expanded and the lead also became involved in other aspects surrounding the use of the systems.

One of the largest projects has been developing user-friendly guidance for the chemotherapy prescribing software and keeping it updated following upgrades and changes in how the department uses the system. This has been particularly useful when used in conjunction with the training sessions.

When there are any new software programs being considered, the IT Lead is involved from as early in the process as possible. This sometimes involves piloting systems that are planning to be rolled out across the trust as well as within our department. An example of this includes the implementation of the electronic prescribing software. Oncology was one of the initial departments to trial this system and then evaluate its effectiveness. More recently we have then used the electronic system to develop safety measures to reduce the risk of inappropriate, and potentially life-threatening, prescribing of oral chemotherapy treatments.

Creating oncology order sets for the electronic prescribing system

To review and update guidance for the chemotherapy system and correlate with the competencies

Future Ideas for the IT Lead Role

Developing a way to link prescribing in the hospital to prescribing in the community

Being involved in developing the use of electronic consent forms

Conclusions: Software systems are vital for clinicians to care for their patients, and having an IT Lead for the department can be of benefit for training and making the most of these systems.