Medicine Management Competency Framework

Section 6
Generic and LISH Competences

Medicine Management Competences

Introduction

This competence framework has been developed to support the training and assessment of all registered (including Nurse Associates, Paramedics, and Pharmacy Associates) and non-registered health care workers who have a role in the management of medicine.

The development of the framework will establish standardised medicine competences for staff working throughout the Trust. The framework aims to contribute to the reduction of medicine errors and improve patient safety whilst improving staff competences and confidence to effectively supply/ dispense and administer medicines.

The framework provides managers and mentors/ assessors with a guidance tool to assess the competencies of staff. The framework aims to identify the competencies required to meet the specific needs of patients requiring all types of medication in various settings and specialisms, as well as to provide support to both registered and non-registered staff. It will help to identify any gaps in skills or knowledge which can be addressed in a number of ways including training, shadowing, peer discussion and mentoring.

In addition to acquiring knowledge through a theoretical taught course, practitioners need to develop clinical skills in medicine management (MM) and apply their knowledge to practice. A period of supervised practice to allow achievement and mentor/ assessor observation of clinical skills and use of knowledge to practice when the practitioner is new to the organisation is recommended

Competence framework

For the purpose of this document competence is defined as:

"The state of having the knowledge, judgement, skills, energy, experience and motivation required to respond adequately to the demands of one's professional responsibilities" (Roach, 1992)

Competences are the essential building blocks that shape nursing work in all clinical and practice settings. As practitioners acquire skills, knowledge, understanding and confidence in their field they are able to demonstrate how they meet increasingly challenging levels of competence.

Medicine Management Competences

This document provides a resource for all grades of staff to enable learning and development in the field of MM.

What are the timescales for completion?
All staff undertaking this programme should be assessed against the relevant competencies by their line manager or mentor / assessor within three months of commencing the programme. The framework should be used in conjunction with existing workforce development systems for example supervision, CPD and appraisal arrangements.

Carrying out the assessment of competence

There is no evidence as to how many times supervised practice should occur (RCN 2015). The Trust, Line Manager, mentor/ assessor and healthcare professional need to feel confident that the individual has the necessary skills and knowledge to advice on, administer and/ or supply/ dispensing medicines and that this is kept up to date.

The assessment of competence should combine a mix of direct observation of practice, as well as discussion and questioning within one to one/ clinical supervision meetings. It can be used to identify any gaps in skills and knowledge and support the management of performance.

Supporting the development of competence

All staff can be helped to develop their medicine competencies. This can be done by participating in formal training and development opportunities. Other methods can include team discussions, coaching and mentoring opportunities, 'buddying up' with more experienced practitioners. Training is only one method of gaining knowledge and updating staff

The Royal Pharmaceutical Society's Competency Framework for all Prescribers (2018) will be used as a generic training competence. This will provide the workforce with the first "building block" and will be completed by all new employees; registered health care professionals and non-registered health care professionals (e.g. HCSW) . Providing evidence to their mentor of learning and understanding at the appropriate level reflected in their job role. For example if a healthcare professional's role is to advice about or support but not to actually administer or supply medicines, they and their mentor/assessor identify which competences are applicable.

Medicine Management Competences

Additional local competences for completion will depend on the area the healthcare practitioner is working in and on specific service provision, and will be completed / reviewed when the healthcare practitioner;

- Initially joins a specific team / area eg community or palliative care
- Annually as part of Appraisal
- If the healthcare professional moves to a new area of expertise (eg moving from hospital to community)
- Prolonged absence from the workplace (eg maternity leave or sickness)
- Following an untoward incident
- In conjunction with Medicine Errors Policy (P-CIG-15)

These local competence assessments are to be used as part of a tool to assure knowledge, competence, safe practice and confidence in their specialist area and can therefore be used or revisited as and when required by either the healthcare professional or their line manager.

How to use these local competence assessments:

This framework can be used as a self-assessment tool, an assessment tool for use by a mentor/ assessor or both, as described below.

These local competences are transferable across the Trust, so if staffchange work areas these will not need to be repeated but additional competences may be required to meet their new job role.

Selecting the relevant local competence assessment for Registered Healthcare Professionals

Along with the Line Manager agree a timeframe (three months should be sufficient) and choose the most relevant competences to complete. Eg those working in the Immunisation Team should complete the RCN Immunisation Knowledge and Skills Assessment Tool. https://www.sps.nhs.uk/wp-content/uploads/2018/01/RCN-Imms-Tool.pdf

Medicine Management Competences

	Hospice eg Butterfly	Community	Hospital	Urgent Care / Streaming/ OHH/MIU	Imms and Vacs
Royal Pharmaceutical Society's Competency Framework for all Prescribers	√	√	√	√	√
Hospital Competencies	√		√		
Palliative Care Competencies	√	Optional depending on service provision	Optional depending on service provision		
Community Competencies		√			
RCN Immunisation Knowledge and Skills Assessment Tool					√

Selecting the relevant local competence assessment for Non- Registered Healthcare Professionals

Along with the Line Manager agree a timeframe (usually three months is sufficient) of the most relevant competences to complete eg those working in the Immunisation Team should complete the RCN Immunisation Knowledge and Skills Assessment Tool. https://www.sps.nhs.uk/wp-content/uploads/2018/01/RCN-Imms-Tool.pdf

Competencies	Butterfly	Community	Hospital	Urgent Care / Streaming/ OHH/MIU	Imms and Vacs Team
Relevant	√	√	√	√	√

sections of the Royal Pharmaceutical Society's Competency Framework for all Prescribers				
RCN Immunisation Knowledge and Skills Assessment Tool				√
Completion of on-line Level2 Safe Handling of Medicines	√		√	

Mentor/Assessor.

Mentors/ assessors needs to be a registered health care practitioner who is competent and experienced in MM who has completed the relevant competences including an annual review.

The mentor/ assessor should:

- Observe and review the practitioner's performance as they provide MM advice to several patients and sign and date each competence as it is completed.
- If improvement is needed, help the staff member to develop an action plan (in the evidence column) that will help them achieve the required level of competence with a review date for further assessment.
- When mentor and practitioner agree that the practitioner is competent in all the relevant areas, the mentor/ assessor should complete and sign the Statement of Completion document
- The Statement of Completion is kept by the practitioner but a copy should be sent to the practitioner's line manager for inputting into ESR and saving on the individual's pFiles

Medicine Management Competences

Competences for Registered Healthcare Practitioners

Number	Competences	Suggested Evidence	Evidence Presented	Date	Manager Name and Signature
Core 1	Member of staff has understanding and working knowledge of NMC Standards for Medicines Management	Evidence of completion of Royal Pharmaceutical Society competence framework for all prescribers Face to face discussion with assessor			
Core 2	Member of staff has understanding and working knowledge of local PGDs.	Face to face discussion with assessor to explain and relate PGDs to working area Direct observation during supervisory practice and/or peer review Has knowledge and can locate service PGDs (as applicable)			
Core 3	Aware of where to find and can demonstrate knowledge of LCHS and related standards , and policies regarding medication	Can demonstrate relating policies to working practice, including but not limited to; • LCHS Safe and Secure Handling of Medicines Policy P-CIG-20 • LCHS Controlled Drugs Policy P-CIG-18			

Lincolnshire Community Health Services NHS Trust
MM Competency Framework
Review July 2019

Page 7 of 16

Chairman: Elaine Baylis QPM
Chief Executive: Andrew Morgan

		• LCHS Non – Medical Prescribing P-CS-25 • Medication Error Policy • Local SOPs • NMC code			
Core 4	Staff to demonstrate safe and secure handling of medication, including • ordering, • storage, including fridge items • transport, • stock management • drug wastage/ disposal • safe handling of secure stationary	Direct Observation of staff member during supervisory practice with assessor Demonstrate ordering, receiving procedures Describe ordering non- stock essential items of medication when out of office hours Observation and audit around use and security of purple scripts (as applicable) Can describe the security arrangements for FP10 stationery and what to do if this is missing			

Medicine Management Competences

Core 5	Staff to demonstrate extra regulations concerning Controlled Drugs (CD) their storage and disposal	Define regulated medication and how to dispose of safely Discuss use and any potential limitations of CD1 form Can demonstrate relating policies to working practice, including but not limited to; • LCHS Controlled Drugs Policy P-CIG- • Pre-Emptive Prescribing and Supply Policy P-CS-18 Demonstrate administration, according to policy incorporating all necessary checks and associated record keeping. Define the procedure if there was a discrepancy in the CD register and how to correctly record a mistake in the register. Show awareness of the ordering and receiving procedure for CD medications including "Patients Own"			

Lincolnshire Community Health Services NHS Trust
MM Competency Framework
Review July 2019

Page 9 of 16

Chairman: Elaine Baylis QPM
Chief Executive: Andrew Morgan

Medicine Management Competences

Core 6	Understand the 8 Rights and how this relates to safe practice	Staff member to demonstrate and identify correct patient and that individual care plan, EDD, CDI and Authority to administer sheet and prescription are accurate and legible before proceeding with administration of medication. Discuss and explain the process for those patients who are unable to consent • Mental Capacity Act 2005 • DOLS			
Core 7	Seek advice, support, general information and guidance, regarding medication and symptom management?	Aware how to access and can demonstrate how to use • BNF/ app • PGD folder Practice effective multi- agency partnership , including but not limited to; • Pharmacist / technicians colleagues • Marie Curie/ St Barnabas			
Core 8	Able to identify and prevent medication related risks	Confirm allergies and drug sensitivities with patient. Discuss need for monitoring post			

		administration of medication for potential adverse reactions/side effects following administration of medication. Identify actions to be taken if suspected drug reaction Identify where equipment and anaphylaxis shock pack are stored, and have an awareness of the anaphylaxis pathway Discuss the administration of injectable medication ie insulin, anticoagulants and identify any issues			
Core 9	Can outline professional accountability and responsibility of administrating medication and understands the legal and ethical implications	Knows and works within legal and regulatory frameworks affecting prescribing practice (e.g. controlled drugs, prescribing of unlicensed/off label medicines, regulators guidance, supplementary prescribing). Exhibit knowledge of how to act upon colleagues' inappropriate or unsafe prescribing practice using appropriate mechanisms. Is able to check doses and calculations to ensure accuracy and safe administration of medicines			

Lincolnshire Community Health Services NHS Trust
MM Competency Framework
Review July 2019
Page 11 of 16
Chairman: Elaine Baylis QPM
Chief Executive: Andrew Morgan

Medicine Management Competences

Number	Practical LISH Competences	Suggested Evidence	Evidence Presented	Date	Manager Name and Signature
	Ensure completion of the nine Core competencies				
1	Staff member to discuss a minimum of 6 drugs commonly used in sexual health.	Demonstrate awareness of therapeutic dosage regimes (drug dosage, method of administration , route and timing) Discuss why it is prescribed for the patient, common side effects, interactions and contraindications. (list drugs discussed)			
2	Understands HIV, its natural progression, medical intervention and anticipated response to treatment	Demonstrates awareness of when PrEP and PEP may be required Accesses and interprets all available and relevant patient records to ensure knowledge of patients management to date Demonstrates working as part of multi –disciplinary team to ensure that			

Medicine Management Competences

		continuity of care across care settings is developed and not compromised.

Establish relationships with other professionals

Demonstrates sharing of relevant information with patient consent regarding medicines

Demonstrates involvement of patient regarding their medicine

Demonstrates safe and secure handling and supply of patient own medicines | | | |
| 3 | Staff member to demonstrate knowledge and understanding of the rationale for immunisations , specifically Hepatitis B and different vaccination schedules | Shows awareness of the Green Book and how to access

Able to discuss with assessor specific clinical at risk groups and use of vaccines | | | |

		Discuss with assessor the cold chain and what to do if processes fail Attendance at annual mandatory vaccination session			
4	Staff to demonstrate timely recording of each medication event including when mobile working and to ensure advance planning of future visits to alternative LISH clinics for prescribed medication. To increase accuracy and prevent duplication of medication and omissions.	Demonstrates knowledge of LCHS Record Keeping Policy LCHS Medicines management Policy. LISH Health Advisors SOP Demonstrates safe and secure handling of medicines whilst mobile working Demonstrate or discuss with mentor/ assessor the process of transporting medicines from clinics to mobile units Demonstrates safe supply of medicines			
5	Establishes and maintains a plan for reviewing and adapting the patient's treatment	Demonstrates reviews and effectiveness of current medicines Staff demonstrates accessing national standards and guidelines to ensure up			

Lincolnshire Community Health Services NHS Trust
MM Competency Framework
Review July 2019

Page 14 of 16

Chairman: Elaine Baylis QPM
Chief Executive: Andrew Morgan

		to date and good practice eg BASHH and FRSH) Shows awareness of referring patients to colleagues when outside own area of practice or competences			
6	Only administers or supplies medicines that are unlicensed , "off label" or outside standard practice if satisfied that an alternative medicine would not meet the patient's clinical needs	Able to discuss use of oral contraceptives and the use of "off label "/ unlicensed preparations Able to demonstrate safe mixing and administration of injectable as per local SOP			

Lincolnshire Community Health Services NHS Trust
MM Competency Framework
Review July 2019
Page 15 of 16
Chairman: Elaine Baylis QPM
Chief Executive: Andrew Morgan

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Lincolnshire Community Health Services

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Medicine Management Competences

Statement of Completion of _____**Medicine Competence** _____

I (*Print Name*) _____ **feel confident and competent to supply and administer medicines as described in the above competence . I do not feel I need any further training or support at this present time**	**SIGNATURE :**_____ **Date:** _____ **Assignment Number** (*payslip*) :_____
Name:_____ **has shown appropriate knowledge , skill, confidence and competence to safely supply and administer medicines described in the above competence.**	**MENTOR / ASSESSOR** **SIGN OFF SIGNATURE : _____** **Print Name:** _____ **Date:** _____

Forward to line manager for inputting on ESR and copy for local pFiles