

Medicine Management Competences

**Medicine Management Competency
Framework**

**Section 2 and 3
Generic, Hospital and Palliative Care
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 advise 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 advise about or support but not to actually administer or supply medicines, they and their mentor/assessor identify which competences are applicable.

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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 staff change 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>

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| | 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 |
|---|-----------|-----------|----------|-----------------------------------|--------------------|
| <u>Relevant sections of the</u> Royal Pharmaceutical | √ | √ | √ | √ | √ |

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| 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

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Hospital 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 | <p>Evidence of completion of Royal Pharmaceutical Society competence framework for all prescribers</p> <p>Face to face discussion with assessor</p> | | | |
| Core 2 | Member of staff has understanding and working knowledge of local PGDs. | <p>Face to face discussion with assessor to explain and relate PGDs to working area</p> <p>Direct observation during supervisory practice and/or peer review</p> <p>Has knowledge and can locate service PGDs (as applicable)</p> | | | |
| Core 3 | Aware of where to find and can demonstrate knowledge of LCHS and related standards , and policies regarding medication | <p>Can demonstrate relating policies to working practice, including but not limited to;</p> <ul style="list-style-type: none"> • LCHS Safe and Secure Handling of Medicines Policy P-CIG-20 | | | |

Medicine Management Competences

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| | | <ul style="list-style-type: none"> • LCHS Controlled Drugs Policy P-CIG-18 • 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 <ul style="list-style-type: none"> • 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 | | | |

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| Core 5 | Staff to demonstrate extra regulations concerning Controlled Drugs (CD) their storage and disposal | <p>Define regulated medication and how to dispose of safely</p> <p>Discuss use and any potential limitations of CD1 form</p> <p>Can demonstrate relating policies to working practice, including but not limited to;</p> <ul style="list-style-type: none"> • LCHS Controlled Drugs Policy P-CIG- • Pre-Emptive Prescribing and Supply Policy P-CS-18 <p>Demonstrate administration, according to policy incorporating all necessary checks and associated record keeping.</p> <p>Define the procedure if there was a discrepancy in the CD register and how to correctly record a mistake in the register.</p> | | | |

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| | | Show awareness of the ordering and receiving procedure for CD medications including “Patients Own” | | | |
| Core 6 | Understand the 8 Rights and how this relates to safe practice | <p>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.</p> <p>Discuss and explain the process for those patients who are unable to consent</p> <ul style="list-style-type: none"> • Mental Capacity Act 2005 • DOLS | | | |
| Core 7 | Seek advice, support, general information and guidance, regarding medication and symptom management? | <p>Aware how to access and can demonstrate how to use</p> <ul style="list-style-type: none"> • BNF/ app • PGD folder <p>Practice effective multi- agency partnership , including but not limited to;</p> | | | |

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| | | <ul style="list-style-type: none"> • Pharmacist / technicians colleagues • Marie Curie/ St Barnabas | | | |
| Core 8 | Able to identify and prevent medication related risks | <p>Confirm allergies and drug sensitivities with patient.</p> <p>Discuss need for monitoring post administration of medication for potential adverse reactions/side effects following administration of medication.</p> <p>Identify actions to be taken if suspected drug reaction</p> <p>Identify where equipment and anaphylaxis shock pack are stored, and have an awareness of the anaphylaxis pathway</p> <p>Discuss the administration of injectable medication ie insulin, anticoagulants and identify any issues</p> | | | |
| Core 9 | Can outline professional accountability and responsibility of administering medication and understands the legal and ethical | Knows and works within legal and regulatory frameworks affecting prescribing practice (e.g. controlled drugs, prescribing of unlicensed/off | | | |

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| | <p>implications</p> | <p>label medicines, regulators guidance, supplementary prescribing).</p> <p>Exhibit knowledge of how to act upon colleagues' inappropriate or unsafe prescribing practice using appropriate mechanisms.</p> <p>Is able to check doses and calculations to ensure accuracy and safe administration of medicines</p> | | | |
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| Number | Practical Hospital Ward Medication round Competences | Suggested Evidence | Evidence Presented | Date | Manager Name and Signature |
|--------|--|---|--------------------|------|----------------------------|
| 1 | Wash hands and prepare necessary equipment, notifying other staff of need not to disturb during procedure | Wearing of red tabard or other agreed outcome | | | |
| 2 | On E -prescription chart, check: That prescribed drug has not already been given <ul style="list-style-type: none"> • Name of patient • Date of birth • Name of medication • Strength • Route • Prescribed Dose • Calculation if any • Time of administration • Expiry date • Allergies | Direct observation during supervisory practice and/or peer review | | | |

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| | <ul style="list-style-type: none"> • Any additional instructions • Drug name and strength on internal blister strip against information on external label. • For PRN check time any previous dose was administered | | | | |
| 3 | On medicine label/blister pack check: <ul style="list-style-type: none"> • Drug name • Drug strength • Dose (if not stock) • Patient name (if not stock) • Expiry date • Any additional instructions | Direct observation during supervisory practice and/or peer review | | | |
| 4 | Prepare and record correctly ensuring there are no previous omissions and acting on any that are found. | Direct observation during supervisory practice and/or peer review Explain the process for any omissions found Demonstrate awareness of Datix system | | | |

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| 5 | When checking a patient's medication chart, look at a minimum of 10 drugs. | <p>Demonstrate awareness of therapeutic dosage regimes (drug dosage, method of administration , route and timing)</p> <p>Discuss why it is prescribed for the patient, common side effects, interactions and contraindications. (list drugs discussed)</p> | | | |
| 6 | Administer correctly to patient checking identity (ID wristband), obtaining consent, ensuring patient has taken them and respecting dignity before moving on to next patient | <p>Direct observation during supervisory practice and/or peer review</p> <p>Discuss and explain the process for those patients who are unable to consent</p> <ul style="list-style-type: none"> • Mental Capacity Act 2005 • DOLS | | | |
| 7 | Appropriate disposal of medicines (if necessary) or other equipment used | <p>Direct observation during supervisory practice and/or peer review</p> <p>Explain the process for disposing of expired hazardous (cytotoxic) medication</p> | | | |
| 8 | Identify any infection and prevention | Face to face discussion with assessor | | | |

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| | cautions when administering medications. | | | | |
| 9 | Staff to demonstrate timely recording of each medication to increase accuracy and prevent medication duplications or omissions | <p>Discuss with assessor how would you assure yourself that all due medications had been administered</p> <p>Where transcribing occurs explain the process and any alternative options</p> | | | |
| 10 | Demonstrate maintenance storage and security of the medication trolley. | <p>Direct observation during supervisory practice and/or peer review</p> <p>Face to face discussion with assessor</p> <p>Demonstrate awareness of room temperature audits</p> | | | |
| 11 | Can discuss alternative strategies for medication administration should a person be unable to swallow tablets | Face to face discussion with assessor | | | |
| 12 | Staff member shows awareness of covert administration of medicines (disguising medicines in food) and demonstrates knowledge and competency to administer covertly | <p>Face to face discussion with assessor</p> <p>Can describe the distinguishing features of tablets which cannot be cut or crushed</p> | | | |

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| | | Discuss policy Transcription of Medicines in exceptional circumstances P-CS-37 | | | |
| 13 | Can demonstrate knowledge and understanding of Self –Administering Medications (SAM) | Face to face discussion with assessor Can demonstrate relating policies to working practice, including SAM policy P-CS-33 | | | |
| 14 | Can access and interprets all available and relevant patient records to ensure knowledge of patients management necessary to inform treatment options | Can explain why WARFARIN is prescribed at a variable does and where this is recorded Evidence that the staff member knows: Target INR, Latest INR result ,Latest dose,Date of next test, Blood tests-date | | | |
| | If caring for palliative patients complete; Palliative Care Competences | | | | |

Medicine Management Competences

| Number | Practical Palliative Ward Medication round Competences | Suggested Evidence | Evidence Presented | Date | Manager Name and Signature |
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| | <p><u>Ensure Completion of the nine Core Competencies and Practical Hospital Competencies</u></p> <p>And in addition competences below</p> | | | | |
| 1 | Is able to explain the patient's condition and rationale behind the treatment options including the risk and benefits | Face to face discussion with assessor to explain how to identify pain, explaining the rationale and procedure of recording pain | | | |
| 2 | Able to adapt consultations to meet the needs of each individual taking into account dignity and respect, helping them to make an informed choice, taking into account their beliefs and expectations | Face to face discussions with assessor to explain what symptoms are associated with cancer/palliative care? | | | |
| 3 | Staff member demonstrates knowledge of drug being administered its side effects and therapeutic dosages and awareness of drug abbreviations and terminology. | <p>Shows awareness of Record Keeping standards</p> <p>Demonstrates checking manufacturer's instructions regarding side effects and contra indications accompanying drug</p> | | | |

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| | | <p>to be administered</p> <p>Identify and discuss with the assessor the rationale of drugs commonly given in palliative care:</p> <ol style="list-style-type: none"> 1. Haloperidol 2. Oxycodone 3. Metoclopramide 4. Oramorph 5. Cyclizine 6. Diamorphine 7. Midazolam 8. Fentanyl 9. Levomepromazine 10. Hyoscine Butylbromide <p>Face to face discussion with assessor to explain if there any drugs that should be avoided in the management of renal failure?</p> | | | |
| 4 | <p>Accesses and interprets all available and relevant patient records to ensure knowledge of patients management to date</p> | <p>Face to face discussion with assessor to discuss the use of CD1 sheet / Gold Sheet prescription.</p> <p>Face to face discussion with assessor to</p> | | | |

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| | | <p>discuss actions relating to; If a GP has prescribed cyclizine 150mg in syringe driver and metoclopramide 10 mg stat PRN</p> <p>Where transcribing occurs explain the process and any alternative options</p> | | | |
| 5 | <p>Understands the condition(s) being treated, their natural progression and how to assess their severity, deterioration and anticipated response to treatment</p> | <p>Face to face discussion with assessor on what actions to be taken having noticed an increase use of PRN medications.</p> <p>Face to face discussion with assessor giving examples on how to calculate breakthrough doses (eg patient taking MST 30mg BD).</p> | | | |
| 6 | <p>Understands the potential for adverse effects and takes steps to avoid/minimise, recognise and manage them</p> | <p>Discuss the symptoms of opiate overdose/toxicity and appropriate actions.</p> | | | |
| 7 | <p>Is able to select the most appropriate drug, dose and formulation for an individual patient</p> | <p>Direct Observation of staff member during supervisory practice with assessor.</p> <p>Demonstrate knowledge on how often patches should be changed:</p> <ul style="list-style-type: none"> • Fentanyl • Butrans | | | |

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| | | <p>Discuss with the assessor the application of patches ie site, where to record, and the safe disposal of removed patch.</p> <p>Can demonstrate how to initiate a syringe driver including calculations for starting doses (eg If a patient is on MST 30mg BD and had x3 does of 10mg oramorph and needs diamorphine syringe driver. What would the initial prescription be and the breakthrough dose)</p> <p>Discuss with the assessor the best practice if a patient is on Fentanyl 50mcg patch, has had x3 doses of 10mg/5ml oramorph and now needs syringe driver.</p> | | | |
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Medicine Management Competences

Appendix Statement of Completion of _____ Medicine Competence Number _____

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| <p>I (<i>Print Name</i>) _____</p> <p>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</p> | <p>SIGNATURE : _____</p> <p>Date: _____</p> <p>Assignment Number (<i>payslip</i>) : _____</p> |
| | |
| <p>Name: _____</p> <p>has shown appropriate knowledge , skill, confidence and competence to safely supply and administer medicines described in the above competence.</p> | <p>MENTOR / ASSESSOR</p> <p>SIGN OFF SIGNATURE : _____</p> <p>Print Name: _____</p> <p>Date: _____</p> |

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