

**MM Comp 10 – V03 – Issue 1**

**Ratified MMC - February 2020 – Issued May 2020**

**Review - May 2023**

**Assessors Guidance for Management and Administration of Medication Competency Assessment**

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Registered Nurses Band 5 and above



**Frequency**

The frequency to undertake the competency assessment is three yearly however consideration needs to be given for staff that have had a period of long term sick, maternity leave, return to practice and/or following a medication error.

**Methods of Assessment**

As stipulated in the competency assessment document, a range of methods should be implemented. This should include observation, discussion, written evidence including record-keeping. The assessor will ensure they use a full range of assessment methods to cover all aspects of the competency assessment.

**Competency**

The assessor will ensure any action required to improve practice/knowledge of the candidate is discussed and identified within an appropriate action plan, this includes making referent to a date of re-assessment appropriate to the identified area for improvement.

Should any deficits be identified preventing the candidate to be deemed competent, the Ward Manager must inform their Associate Director and can access the appropriate Clinical Manager for support/guidance.

Once the assessor deems the candidate competency after completion of full assessment, they must inform the Ward Manager, and if this competency assessment is part of the preceptorship framework, the assessor will sign off the competency in the preceptorship pack. The assessor must give the candidate the certificate of completion.

**Performance**

Where necessary, the Ward Manager will follow performance management in line with the preceptorship Programme (tri-partite approach).

Where assessment is a part of a 3 yearly cycle or due to performance issues, the Ward Manager/Associate Director along with the appropriate Lead Nurse will discuss as part of Trust Policy.

1. **Knowledge Performance Criteria**

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| 1.1 | Ask nurse/nursing associate to look at:  **Refer to BNF** | Drug Kardex’s and describe therapeutic use of a minimum of **2 drugs from different classification /therapeutic groups.** |
| 1.2 | Ask nurse/nursing associate to identify: **Refer to BNF and (BNF Children)** | Minimum and maximum dose of selected drugs in 24 hours |
| Any prescribing considerations e.g. for older people, children etc. |
| 1.3 | Ask nurse**/**nursing associate to describe:  **Refer to BNF** | Common side effects of the selected drugs |
| 1.4 | Ask nurse/nursing associate to identify and demonstrate:  **Refer to PPT-PGN-02**  **UHM-PGN-03 Administration of Medicines**  **UHM-PGN - 04 Safe and Secure Handling and Supply of Medicines section 4.4** | Appropriate physical observations linked to side effects of selected drugs e.g. BM’s, oxygen saturation, Blood Pressure. Temperature, pulse and respiration.  Lester Tool  MDAT |
| 1.5 | Ask nurse/nursing associate to describe:  **Refer to UHM-PGN-03 Administration of Medicines** | Examples of poly pharmacy risks e.g.: (see appendix 4) |
| * Appropriate monitoring and reporting systems e.g. discussion with prescribing Doctor, Pharmacy, web-based incident report forms, Nurse in Charge, HCR assessment |
| * What their intervention would be if 50mg Diazepam was prescribed on the drug Kardex |
| 1.6 | Ask nurse/nursing associate to identify:  **Refer to BNF** | Major cautions and contra-indications of selected drugs |
| 1.7 | See 1.4 **Refer to UHM-PGN-03 Administration of Medicines** |  |
| 1.8 | Ask nurse/nursing associate to explain:  **Refer to health records** | Requirements of administration of medication for service users detained under the Mental Health Act e.g. Forms T2 and T3 (commences on the day of initial medication) |

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| 1.9 | Ask nurse/nursing associate to identify:  **Refer to UHM-PGN-03 Administration of Medicines** | Responsibilities in relation to checking the prescription sheet (Kardex) e.g. service user’s name, date of birth, ward/department**,** RIO / NHS number, known sensitivities, legible, black ink, block capitals, generic or brand drug name, route/method of administration, Doctor’s signature |
| 1.10 | Ask nurse/nursing associate to explain:  **Refer to UHM-PGN-03 Administration of Medicines**  **UHM-PGN - 04 Safe and Secure Handling and Supply of Medicines, section 3.2.8** | The procedures for ordering stock and non-stock medication |
| How they would get an emergency supply of drugs |
| How they would order medicines for short-term leave/discharge |
| 1.11 | Ask nurse /nursing associate to describe:  **Refer to UHM-PGN-01 Safe and Secure Medicines Handling and Supply** | Their responsibilities in relation to the receipt of medication to the ward |
| Interventions for any discrepancies in medication |
| How medication is stored on the ward included refrigerated storage |
| 1.12 | Ask nurse/nursing associate to identify:  **Refer to UHM-PGN-01 Safe and Secure Medicines Handling and Supply** | Where appropriate staff can take responsibility for holding drug keys |
| 1.13 | Ask nurse/nursing associate to identify:  **Refer to UHM-PGN-03 Administration of Medicines** | Under what circumstances telephone prescribing is appropriate |
| What information they should request from the prescriber (e.g. contra-indications and side-effects of medication) |
| Who can act as a witness |
| How they would record medication on drug Kardex |
| 1.14 | Ask nurse/nursing associate to describe: | How they would find further information about medication (e.g. BNF, Pharmacy, intranet, Maudsley guidelines, patient information leaflets, PGN’s) |
| 1.15 | Ask nurse/nursing associate to describe:  **Refer to UHM-PGN-03 Administration of Medicines** | The reporting procedure if a wrong drug is administered to a service user (e.g. service user, medic, Pharmacist, Medicine Co-ordinator, family, **web-based Incident Report Form**, health record |
| Categories of medication incidents |
| How and who they can obtain advice from on medication incident reporting |

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| 1.16 | Ask nurse/nursing associate to explain:  **Refer to PPT-PGN-02, UHM-PGN-01 Safe and Secure Medicines Handling and Supply, UHM-PGN-03 Administration of Medicines** | Why the clinical significance of a medication incident can vary (e.g. dose of medication, strength of medication, interactions with other prescribed medication, medical history of service user) |
| 1.17 | Ask nurse/nursing associate to identify:  **Refer to UHM-PGN-03 Administration of Medicines** | Exceptional circumstances that the covert administration of medication could be considered |
| Guidance from the Mental Capacity Act (e.g. Stage 2 Assessment of Capacity, best interests, Advance Decisions to Refuse Treatment, Lasting Powers of Attorney, Court Protection Orders) |
| Who would be involved in the decision to administer medication covertly and how would this be recorded |
| Maximum timescale to review process (1 month for service users in acute care, 3 – 6 months for service users in continuing care) |

**2 Administration of Drug Round Performance Criteria**

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| 2.1 | Refer to Competency Assessment documents, Medicines Policy/PGN’s and NMC Guidance. | Observe practice in all areas of competencies relevant to current practice/work area until competent then sign as required documents. Issue certificate. |

**3 Handling of Controlled Drugs Performance Criteria**

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| 3.1 | Ask nurse to describe:  **Refer to UHM-PGN-04** | A controlled drug (Misuse of Drug Act 19714, require enhanced control of prescribing potential for misuse) |
| 3.2 | Ask nurse to describe:  **Refer to UHM-PGN-04** | Procedure for the ordering of Schedule 2 CDs and schedule 3 CDs |
| Can a single dose be obtained from another ward? Explain procedure |
| Who can be responsible for collecting CDs from Pharmacy? |
| The responsibilities of the Nurse in Charge to receive CDs |
| 3.3 | Ask nurse to identify:  **Refer to UHM-PGN-04** | Procedure in relation to receiving CDs on the ward/department |
| Procedure if the contents of the drug do not match the amount stated on the pack |
| How to record Schedule |
| Where Schedule 2 drugs and Tramadol / Buprenorphine are stored |
| Where Schedule 3 and 4 drugs are stored |
| 3.4 | Ask nurse to describe:  **Refer to UHM-PGN-04** | Procedure for administration of Schedule 2 CDs and role of witness |
| Procedure for administration of Schedule 3 |
| Provisions for utilising Nursing Assistants as witness |

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| 3.5 | Ask nurse to describe:  **Refer to UHM-PGN-04** | Procedure for Schedule 2 CD stock check |
| Procedures for Schedule 3 CD stock check |
| Method to identify balances of liquid medications |
| Intervention if discrepancies in stock |
| 3.6 | Ask nurse to describe:  **Refer to UHM-PGN-04** | Practice for the holding of CD keys where appropriate |
| 3.7 | Ask nurse to explain:  **Refer to UHM-PGN-04** | Procedure for disposal of CD surplus |
| Procedure for disposal of prepared but not administered CDs |
| Procedure for accidently broken or dropped doses of CDs |
| 3.8 | Ask nurse to explain:  **Refer to UHM-PGN - 04 Safe and Secure Handling and Supply of Medicines,** | Procedure to obtain an emergency supply of CDs |
| Documentation responsibilities of assigned Practitioner as witness |
| 3.9 | Ask nurse to identify:  **Refer to UHM-PGN-04** | Anomalies in Trust Policy/Practice Guidance in relation to storage and recording of Tramadol and Phenobarbitone |

**4 Rapid Tranquillisation Performance Criteria**

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| 4.1 | Ask nurse to describe:  **Refer to Trust Policy : CNTW(C)02; The Management of Rapid Tranquillisation** | Situations when oral medication may be deemed appropriate |
| Situations when IM medications may be deemed appropriate |
| 4.2 | Ask the nurse to describe;  **Refer to Trust Policy : CNTW(C)02; The Management of Rapid Tranquillisation** | Define RT and describe the Pharmacological management pathway as per Trust policy NTW C 02. |
| 4.3 | Ask nurse to identify:  **Refer to Trust Policy : CNTW(C)02; The Management of Rapid Tranquillisation** | Techniques/interventions for preventing and minimising aggression and violent behaviour |
| 4.4 | Ask nurse to explain:  **Refer to Trust Policy : CNTW(C)02; The Management of Rapid Tranquillisation** | The appropriate monitoring and service user interventions following Rapid Tranquillisation |
| Documentation framework for monitoring service user observations |
| Demonstrate competency in recording Pulse Oximetry |
| 4.5 | Ask nurse to identify:  **Refer to Trust Policy : CNTW(C)02; The Management of Rapid Tranquillisation** | Risks to service user of drugs for rapid tranquillisation in the context of restraint |
| Service users at high risk with regard to the use of rapid tranquillisation |
| 4.6 | Ask Nurse to explain:  **Refer to Trust Policy : CNTW(C)02; The Management of Rapid Tranquillisation** | Procedure for incident reporting following RT process and timescales for post incident review following RT |