

NHS Greater Glasgow and Clyde (NHSGGC) Medicines Administration Competency Assurance Record

Registered Practitioner	
Role	
Department/Ward	
Hospital	

Medicine administration is recognized as a safety critical process within NHSGGC.

The most frequent treatment offered to patients is medication, which must be prescribed, dispensed and administered safely and effectively. Medicines administration competency assurance is required for all Nurses, Midwives and Operating Department Practitioners (ODPs) appointed to NHSGGC. This is irrespective of experience, substantive or fixed term contracts. For purposes of this record, the term registered practitioner will be used.

Accountability

- Lead Nurse/Midwife and Senior Charge Nurse (SCN)/Senior Charge Midwife (SCM)/Senior Charge Operating Department Practitioner (SCODP) are responsible for the implementation and adherence to the NHSGGC policies and guidelines and for the sign-off of completion of the Medicines Administration Competency Assurance Record
- SCN/SCM/SCODP (or delegated person) must nominate a preceptor to supervise and support the registered practitioner as they progress through the medicine administration assurance processes. The preceptor must:
 - » be an experienced registered practitioner; who if supervising IV administrations is also competent in the administration of IV medicines
 - » witness evidence of the new registered practitioner's compliance with the performance criteria detailed within Policy and Standards, Dispensing, Administration and Recording (pages 5 - 7)
- The registered practitioner must follow the guidance in the flow chart on page 4

Registered practitioners have satisfied their professional body's requirements in relation to medicines administration. While it is each individual's responsibility (whether newly qualified practitioner (NQP) or an established practitioner) to acknowledge and act within the boundaries of their competency, the professional bodies identify that employers have a responsibility to support their staff in maintaining their professional standards. This NHSGGC Medicines Administration Competency Assurance Record provides a consistent approach which links to NHS Flying Start® and NHSGGC Safe and Secure Handling of Medicines in Hospital Wards, Theatres and Departments.

This competency assurance record is organised into 3 sections:

- Section A - should be completed **within two weeks of starting in post** or during orientation shifts for those employed via NHSGGC Staff Bank
- Section B - should be completed to log and sign off IV route administrations.
- Section C - should be completed by SCN/M/SCODP) once sections A & B are both complete.

This record can be reviewed at any time for continuing professional development purposes.

Supervised practice and competency achievement – SCN/SCM/SCODP

You should review the completed record and ensure knowledge, understanding and skill for medicine administration. Any ongoing concerns should be managed through relevant organisational policies.

You should allocate a member of your team as preceptor for your new member of staff (who is the preceptee) to ensure a welcome and support for their knowledge, skills, confidence and growth associated with medicines administration. **This should be a minimum of 3 medicine rounds supervised by an allocated preceptor(s).**

From 2023, registered practitioners qualifying from Glasgow Caledonian University, University of Glasgow, University of the West of Scotland and the Open University will have undertaken an education and competency package and will have a West of Scotland (WoS) Record of Achievement of Competence in Intravenous Medicine Administration. The variety and amount of supervised practice of IV route administration gained as a third year student should be taken into account when considering IV route competency assessment during the supervised practice

as an NQP. Pages 9 & 10 should be used to log all additional supervised practice as a NQP. In total, between both documents, there should be enough IV route medicine administrations logged to reflect the methods and variety of medications commonly given in your clinical area prior to you assuring competence in all routes of medicine administration and signing off this booklet. For routes/methods that have not been available to gain as supervised practice during this period, you should ensure plans are in place to provide support, feedback and guidance when the opportunity does arise.

Keep a copy of completed record in local training files.

Supervised practice – for preceptor

During each medicine administration round, consider each of the performance criteria outlined on pages 4-7 and ensure the preceptee acts appropriately and safely.

If appropriate, as a preceptor, you must ensure a review of the West of Scotland (WoS) Record of Achievement of Competence in Intravenous Medicine Administration. The variety and amount of supervised practice of IV route administration gained as a third year student should be taken into account when considering IV route competency assessment during the supervised practice as a Newly Qualified Practitioner (NQP). Pages 9 & 10 should be completed to log all additional IV route supervised practice as a NQP. In total, between both documents, there should be enough IV route medicine administrations logged to reflect the methods and variety of medications commonly given in your clinical area.

You should assess the preceptee using a combination of direct supervision, discussion, reflection and questioning to ensure underpinning knowledge and competency of medicine administration.

You should sign page 8 following **each** supervised medication round and provide verbal feedback to the preceptee.

Document any actions for the preceptee by completing Appendix 1 action plan on page 12.

Any ongoing concerns encountered during supervised practice and/or competency assessment should be discussed with preceptee and escalated to SCN/SCM/SCODP.

Supervised Practice – for preceptee

You should assess your medicines knowledge and understanding, focusing on the medicines commonly prescribed and administered within your clinical area.

If you graduated from University of the West of Scotland, University of Glasgow, Glasgow Caledonian University or the Open University since 2023, you should share your WoS Record of Achievement of Competence in Intravenous Medicine Administration booklet with your preceptor(s). The variety and amount of supervised practice of IV route administration gained as a third year student should be taken into account when considering IV route competency assessment during the supervised practice as an NQP. Complete pages 9 & 10 to log all additional supervised practice as a NQP. In total, between both documents, there should be enough IV route medicine administrations logged to reflect the methods and variety of medications commonly given in your clinical area.

You will not be considered competent in IV route administration until Sections A, B & C of this medicine administration competency booklet are complete and signed off, despite previous experience of IV route administration as a pre-registration student.

Your progress will be continually reviewed by your preceptor and your competency will be assessed using a combination of direct observation, reflection, questioning and discussion.

Using the performance criteria on pages 4 - 7 you must undertake a minimum of 3 supervised medicine rounds supervised by your Preceptor(s) that should include IV route administrations, where appropriate.

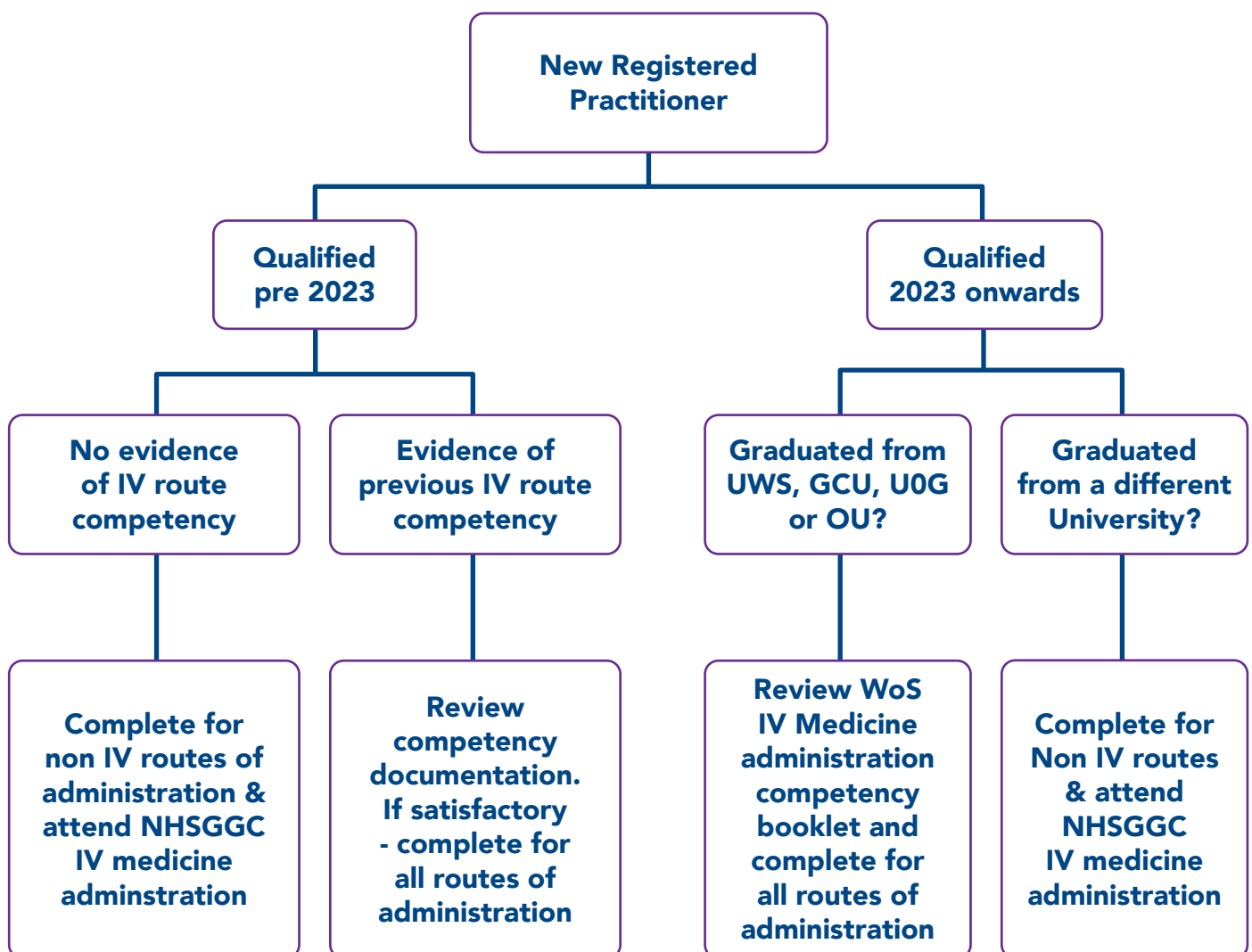
If joining as part of the Staff Bank, you should commence supervised practice during your orientation shifts. Please discuss and agree with the Staff Bank Managers regarding the IV route component of this record.

✉ staffbank.nursemanager@ggc.scot.nhs.uk

The Action Plan (Appendix 1) on page 12 should be used to document any areas for development. Appendix 2 (page 13) contains links to key documents and resources. Ensure you take time to familiarize yourself with these.

When all sections of this record have been completed:

- Page 11 is completed by both you and your SCN/SCM/SCODP
- You retain the original record
- Your SCN/SCM/SCODP will retain a copy of the completed record
- If employed via Staff Bank, please inform Staff Bank Nurse Manager of completion and return a copy of the completed record to: ✉ staffbank.nursemanager@ggc.scot.nhs.uk



If you have any queries or concerns, please contact:

✉ practicedevelopment.enquiries@ggc.scot.nhs.uk

1	Policy & Standards
1.1	<p>Professional resources which relate to the administration of medicines. Discuss how they support practice.</p> <ul style="list-style-type: none"> • The Code (NMC, 2018) or Standards of conduct, performance and ethics (HCPC, 2016) • Royal Pharmaceutical Society Professional Guidance on the Administration of Medicines in Healthcare Settings (RPS, 2019)
1.2	<p>Organisational resources which relate to the administration of non-intravenous (IV) route medicines. Discuss how they support practice.</p> <ul style="list-style-type: none"> • NHSGGC Safe and Secure Handling of Medicines Policy • Medicines Administration Guideline • Chance to Check • Minimising Interruptions • Missed Doses • Symptomatic Relief Policy (where appropriate) • NHSGGC Nutrition manual
	<p>Organisational resources which relate to the administration of IV route medicines. Discuss how they support practice.</p> <ul style="list-style-type: none"> • NHSGGC IV Oral Switch Therapy (IVOST) policy • NHSGGC Aseptic Non Touch Technique guideline • NHSGGC IV medicine and flush administration policy • NHSGGC Vascular Access Device, care and maintenance guideline • Injectable Medicine Guide website (IV monographs) • NHSGGC Nutrition manual
1.3	<p>Demonstrates they can source the relevant information relating to medicines.</p> <ul style="list-style-type: none"> • HEPMA Clinical Drug Information • BNF/BNFC • Injectable Medicine Guide website (IV monographs) • Clinical Pharmacist • NHSGGC Adult Therapeutics handbook
1.4	<p>Can discuss the circumstances when an incident/error would require to be documented on an incident reporting system in relation to the administration of medicines</p>

2	Dispensing
2.1	Prepare patients and environment in advance of medicines administration, including any relevant safety checks e.g. position of patient or position of nasogastric (NG) tubes
2.2	Demonstrates adherence to organisational policy relating to: <ul style="list-style-type: none"> • Hand hygiene • Wearing of a purple apron • Use of nitrile gloves
2.3	Reviews all sections of the prescription (electronic or paper) (HEPMA or Peri-operative document or Emergency Department card or Interventional checklist): <ul style="list-style-type: none"> • Patient details and allergies • Regular medicines • PRN medications • STAT medications • Patient notes • Symptomatic relief policy
2.4	If paper prescription chart is used, accurately identifies the medicine/s to be administered checking the prescription for: <ul style="list-style-type: none"> • Clarity and accuracy, reconciling with e-prescription if appropriate • Prescribers signature Recognises/takes the appropriate action, if required
2.5	Accurately interprets the prescription identifying the: <ul style="list-style-type: none"> • Right patient • Right medicine / preparation • Right dose • Right route • Right time Checking the: <ul style="list-style-type: none"> • Expiry date • Storage environment is correct • Correct equipment for the route of administration • Integrity of the packaging • Calculation • Follows the independent 2 person check process, when necessary
2.6	If prescribed medication is unavailable, record the correct reason for non-administration and undertake all actions to source the medication: <ul style="list-style-type: none"> • Refer to the NHSGGC Prevention of Missed Doses algorithm • Follow process for borrowing medication from another clinical area or ordering stock from pharmacy

3	Administration
3.1	<p>Consciously undertakes a medicine administration safety pause using Chance to Check checklist, including where a 2 person independent check is necessary.</p> <ul style="list-style-type: none"> • I know what this medicine is, and what it's for • This medicine and dose is suitable for this patient • The patient is not allergic to this medicine • The patient verbally confirms their name and consent (*where possible) • The patient's ID band matches the name and CHI on the prescription
3.2	<p>Explains to the patient the reason for the prescribed medication including any specific information (e.g. Gentamicin leaflet)</p>
3.3	<p>Carries out, or refers to, any required interventions before and/or after administration specific to the prescribed medication e.g.</p> <p>Physiological: NEWS/PEWS/MEWS, lying and standing BP, blood glucose, weight etc.</p> <p>Medicine: Therapeutic Drug Monitoring undertaken and documented e.g. Gentamicin levels</p> <p>Route specific: IV flush or enteral flush</p>
3.4	<p>Demonstrates an awareness of the professional and legal issues associated with capacity e.g. consent, covert administration (see safer use of medicines policy)</p>
3.5	<p>Undertakes a post administration 'sweep' to ensure all medications have been effectively administered e.g. patient has swallowed oral route medications; IV intermittent infusions have been commenced; planned injections have been administered</p>
3.6	<p>Uses appropriate equipment for the route of administration e.g. purple syringes for oral and enteral route; disposable medicine cups for medicine dispensing</p>
3.7	<p>Demonstrates an ability to appropriately monitor for effect/reaction e.g. pain relief; anaphylaxis</p>

4	Recording
4.1	<p>After the medication has been administered, accurately records the administration of the medicine using the 'chart' function on HEPMA and/or the appropriate section of a paper prescription record.</p> <p>After the medication has been administered, where the 2 person independent check process is required, accurately records the administration using the 'chart and witness' function on HEPMA e.g. IV route; insulin; controlled medicines and paediatrics</p> <p>If required, accurately records in the Controlled Drug register</p>
4.2	<p>Records appropriately when a medicine has not been administered or declined.</p> <p>Takes appropriate action e.g. escalation for patient condition is required or clarification from prescriber is required.</p>

The following pages (pages 8, 9 & 10) should be completed following each supervised medicine round.

Routes of Non IV administration:

- Oral (O)
- Intramuscular (IM)
- Subcutaneous injection (SC)
- Inhaled (INH)
- Topical (TOP) (including eye and ear drops)
- Sublingual (SL)
- Buccal (B)
- Rectal (R)
- Vaginal (V)
- Transdermal patches (TD)
- Enteral feeding tube (EFT)
- Other: _____

	Date	Time	Comments	Signature of preceptee	Signature of preceptor
1					
2					
3					

IV route complete pages 9 & 10

Section C: SCODP Reflection discussion

Summary of discussion:

Next steps:

Section A reviewed and complete	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Section B reviewed and complete	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Action plan (page 12) reviewed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable

Preceptee

Print Name:

Signature:

Date:

SCN/SCM/SCODP

Print Name:

Signature:




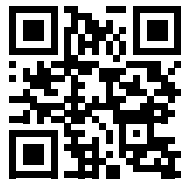

Date:

A copy of this completed document should be retained in local training files as evidence of completion.




Appendix 1 – Action Plan (if appropriate)**Summarise below or if more detail required please use a separate page as required:
Photocopy as**




Date	Actions Required	Timescale	Action Achieved Preceptor:
01.06.23	Example 1. Unable to access Trak as 'locked' out. Needs password reset.	1 week	10.06.23 A N
	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		

Appendix 2 – Professional Resources

<p>Nursing and Midwifery Council</p>	<p><u>The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates - The Nursing and Midwifery Council (nmc.org.uk)</u></p>	
	<p><u>Written reflective accounts - The Nursing and Midwifery Council (nmc.org.uk)</u></p>	
<p>Royal Pharmaceutical Society</p>	<p><u>https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/SSHM%20and%20Admin/Admin%20of%20Meds%20prof%20guidance.pdf</u></p>	
<p>E-BNF / eBNFC</p>	<p><u>https://bnf.nice.org.uk/</u></p>	
<p>Injectable Medicines Guide (Medusa monographs)</p>	<p><u>Medusa Logon page (medusaimg.nhs.uk)</u></p>	

Organisational / NHSGGC Resources

<p>Safe and secure handling of medicines policy</p>	<p><u>https://ggcmedicines.org.uk/media/uploads/policies/section_11/sshm_acute_policy_-_0804.pdf</u></p>	
<p>IV medicine and flush administration policy</p>	<p><u>https://ggcmedicines.org.uk/media/35pm51nx/iv-meds-flush-policy-nov-2021-v1.pdf</u></p>	
<p>Adult Symptomatic Relief Policy</p>	<p><u>https://ggcmedicines.org.uk/media/3yrmgsop/8-2-adult-symptomatic-relief-policy-april-2021.pdf</u></p>	

<p>NHSGGC-StaffNet hub</p>	<p>https://scottish.sharepoint.com/sites/GGC-Staffnet</p>	
<p>Pharmacy's Clinical Information SharePoint site</p>	<p>https://scottish.sharepoint.com/sites/GGC-ClinicalInfo</p>	
<p>Infection Prevention and Control</p>	<p>https://www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control/</p>	
<p>Vascular Access Device, care and maintenance guideline</p>	<p>https://clinicalguidelines.nhsggc.org.uk/cardiovascular-disease/surgical-management/vascular-access-devices-vads-care-and-maintenance-592/</p>	