

Provider Services

Medication Policy

Annual Competency

Assessment

(Appendix 2)

Updated December 2022

**STAFF NAME:**

**DATE OF ASSESSMENT:**

**Introduction**

NICE (National Institute for Health and Care Excellence) recommends an annual review of staff knowledge, skill, and competency. The aim of an annual review is to determine future training requirements, and to identify support, learning and development needs from any medicines related safety incidents.

**Competency Assessment**

The assessment must be completed annually, (April - March) and reviewed if the staff member has a medication error, identified training needs, or in the event a new medication, requiring health care tasks, is prescribed.

An appropriately trained member of staff, nominated by the Manager, can complete competency assessments.

The assessment will determine competency in all sections of the M4 Policy and health care tasks, relevant to the role of the member of staff.

An observation of competency must be completed; however, a combination of theory and discussion can be used to determine competence where observation is not possible.

The reason an observation has not been possible must be documented on the relevant notes section of the assessment.

Staff must not administer medication or health care tasks without up to date assessments.

The assessor must stop the assessment if there are any concerns during the competency observations and discussions, that the member of staff is not confident or competent, reporting all concerns to the Manager and recording the detail on the relevant section of the assessment.

**Using the tool**

M4 and Health Care Task training dates must be recorded on the training and policy section.

Staff can only undertake specialist medication procedures following training and assessment of competency, by a health professional.

Following NICE guidance, the health care professional is responsible for the competency assessments of specialist medication administration tasks.

Specialist tasks, training dates and competency assessment dates, completed by the health professional, must be recorded on the training and policy section.

To use the tool the assessor and staff member will need a paper copy or online access to the M4 medication policy.

Each section of the assessment has the option of a “Yes”, “N/A”, “Discussed” response, and relates to all sections of the M4 policy and to the administration/application of all health care tasks.

When assessing competency for health care tasks the applicable sections of the M4 policy must also be referred to.

The notes/areas of discussion sections will record any areas of discussion, concern or additional training/observations needs.

Each section must be signed/initialled by the assessor and staff member on completion.

**Outcome of assessment**

This section is to record any training actions or areas for further observations identified during the assessment.

On completion of the full assessment, the staff member and the assessor must sign the document.

If a review is required, the staff member and the assessor must sign and date the review section.

**M4 and Health Care Tasks Training Requirements**

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| **Training** | **Who trains** | **Who attends** | **Competency** | **Refresher** |
| Specialist Medication i.e Epilepsy, Buccal, Blood Monitoring etc. | District Nurses | Managers  Supervisors  Night Support Workers  Senior Support Workers  Lead Support Workers  Support Workers | As per DN guidance | As per DN guidance |
| M4 Medication Policy | ELearning or Medication Trainers | Managers  Supervisors  Competency Assessors  Night Support Workers  Senior Support Workers  Lead Support Workers  Support Workers. | Annually  (via Appendix 2 competency check) | Annually for Managers, Supervisors and Competency Assessors.  Where competency assessments have highlighted training needs |
| Train the Trainer – Health Care Tasks | External provider | Medication Trainers | Annually | **3 Yearly** |
| Health Care Tasks  Creams  Eyes/Ears/Inhalers  Stockings  Patch Medicines | ELearning or Medication Trainers | Managers  Supervisors  Competency Assessors  Night Support Workers  Senior Support Workers  Lead Support Workers  Support Workers.  (Where applicable) | Annually  (via Appendix 2 competency check) | Annually for Managers, Supervisors and Competency Assessors.  Where competency assessments have highlighted training needs |

**Staff Competency Assessment for the Management of Medicines**

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| **Name of staff member:** | | | | | |
| **,Job Role:** | | | | | |
| **Training and Policy** | | | | | |
| 1 | Has the member of staff completed the M4 policy training? | | | | Yes/No |
| Date: |
| 2 | Has the member of staff received 2 observations following the training? | | | | Yes/No |
| Date: |
| Date: |
| 3 | Does the member of staff know how to access the medication policy and Patient Information Leaflets if they wish to check any information? | | | | Yes/No |
| 4 | Has the member of staff completed the Health Care Tasks Training? | | | | |
| Creams Y/N | Patches Y/N | Stockings Y/N | Eye/Ear/Nose/Inhaler Y/N | |
| Date: | Date: | Date: | Date: | |
| 5 | If required, has the member of staff completed any specialist training?  Record the details below including training dates and competency dates. | | | | |
| Details: | | | | | |

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| **Health Care Tasks (Y,D,N/A in appropriate column, sign off as competent/completed)** | | | | | | | | | | | |
| Has the member of staff demonstrated competency through observation and/or discussion? | | | | | | | | | | | |
| Application of prescribed creams  Administration of eye/ear nasal medications  Administration of inhalers  Application of prescribed stockings | **Health Care Task** | **Preparation and 6 Rs**  Yes/Discussed/N/A | **Application**  Yes/Discussed/N/A | | **Administration**  Yes/Discussed/N/A | **Monitoring Charts**  Yes/Discussed/N/A | | **Mar charts**  Yes/Discussed/N/A | **PRN recording**  Yes/Discussion/N/A | **Disposal**  Yes/Discussed/N/A | **Sign and date on completion** |
| Cream |  | |  |  | |  |  |  |  |  |
| Patch |  | |  |  | |  |  |  |  |  |
| Eye |  | |  |  | |  |  |  |  |  |
| Ear |  | |  |  | |  |  |  |  |  |
| Nasal |  | |  |  | |  |  |  |  |  |
| Inhaler |  | |  |  | |  |  |  |  |  |
| Stockings |  | |  |  | |  |  |  |  |  |
| Notes/record of discussion | | | | | | | | | | | |

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| **Record Keeping and Compliance section 3 and 4** | | | | |
| Has the member of staff demonstrated competency through observation and /or discussion? | | | | |
| 3.1 Medication administration record (MAR)  3.2 Medication received and returned  3.3 Medication received and returned (day services)  3.4 Handling by medical professionals  3.5 Information transfer  4.1 Containers  4.2 Labelling  4.3 Changes to prescribed medication  4.4 Noncompliance | Policy Section | Yes  Date/Initial | N/A  Date/Initial | Discussed  Date/Initial |
| 3.1 |  |  |  |
| 3.2 |  |  |  |
| 3.3 |  |  |  |
| 3.4 |  |  |  |
| 3.5 |  |  |  |
| 4.1 |  |  |  |
| 4.2 |  |  |  |
| 4.3 |  |  |  |
| 4.4 |  |  |  |
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| Notes/record of discussions | | | | |

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| **The Administration of Medication section 5** | | | | |
| Has the member of staff demonstrated competency through observation and /or discussion? | | | | |
| 5.1 Administration procedure  5.2 Exceptions  5.3 Non prescription  5.4 Offsite  5.5 Stock checks | Policy Section | Yes  Date/Initial | N/A  Date/Initial | Discussed  Date/Initial |
| 5.1 |  |  |  |
| 5.2 |  |  |  |
| 5.3 |  |  |  |
| 5.4 |  |  |  |
| 5.5 |  |  |  |
| Notes/record of discussions | | | | |
| **Medication Storage Section 6** | | | | |
| |  | | --- | | Has the member of staff demonstrated competency through observation and/or discussion? | | | | | |
| 6.1 Storage units  6.2 Refrigerated medication  6.3 Keys | Policy Section | Yes  Date/Initial | N/A  Date/Initial | Discussed  Date/Initial |
| 6.1 |  |  |  |
| 6.2 |  |  |  |
| 6.3 |  |  |  |
| Notes/record of discussions | | | | |

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| **Self-Administration of Medication Section 7** | | | | |
| Has the member of staff demonstrated competency through observation and/or discussion? | | | | |
| 7.1 Self-administration of medication  7.2 Monitoring  7.3 Self-administration (older adults day care) | Policy Section | Yes  Date/Initial | N/A  Date/Initial | Discussed  Date/Initial |
| 7.1 |  |  |  |
| 7.2 |  |  |  |
| 7.3 |  |  |  |
| Notes/record of discussions | | | | |

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| **Specialist Medication Procedures Section 8** | | | | |
| Has the member of staff demonstrated competency through observation and/or discussion? | | | | |
| 8.2 Advice  8.3 Agreement  8.4 Risk assessments  8.5 Anticoagulants  8.6 Anticoagulants (all day services) | Policy Section | Yes  Date/Initial | N/A  Date/Initial | Discussed  Date/Initial |
| 8.2 |  |  |  |
| 8.3 |  |  |  |
| 8.4 |  |  |  |
| 8.6 |  |  |  |
| 8.6 |  |  |  |
| Notes/record of discussions | | | | |

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| **PRN Medication (Pro-renata or as and when required medication) Section 9** | | | | |
| Has the member of staff demonstrated competency through observation and/or discussion? | | | | |
| When Required Medication labelling/directions/recording | Policy Section | Yes  Date/Initial | N/A  Date/Initial | Discussed  Date/Initial |
| 9 |  |  |  |
| Notes/record of discussions | | | | |

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| **Controlled Drugs Section 10** | | | | |
| Has the member of staff demonstrated competency through observation and/or discussion? | | | | |
| 10.1 Recording  10.2 Administration of controlled drugs  10.3 Storage  10.4 Identification  10.5 References  10.6 Controlled drug disposal | Policy Section | Yes  Date/Initial | N/A  Date/Initial | Discussed  Date/Initial |
| 10.1 |  |  |  |
| 10.2 |  |  |  |
| 10.3 |  |  |  |
| 10.4 |  |  |  |
| 10.5 |  |  |  |
| 10.6 |  |  |  |
| Notes/record of discussions | | | | |

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| **Disposal of Medication Section 11** | | | | |
| Has the member of staff demonstrated competency through observation and/or discussion? | | | | |
| 11.1 Disposal of medication  11.2 Safe handling and disposal of sharp objects | Policy Section | Yes  Date/Initial | N/A  Date/Initial | Discussed  Date/Initial |
| 11.1 |  |  |  |
| 11.2 |  |  |  |
| Notes/record of discussion | | | | |

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| **Covert Administration of Medication Section 12** | | | | |
| Has the member of staff demonstrated competency through observation and/or discussion? | | | | |
| Records/methods/directions | Policy Section | Yes  Date/Initial | N/A  Date/Initial | Discussed  Date/Initial |
| 12 |  |  |  |
| Notes/record of discussions | | | | |

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| **Reporting Misadministration and non-compliance with policy and procedure Section 13** | | | | |
| Has the member of staff demonstrated competency through observation and/or discussion? | | | | |
| Records/method/procedure | Policy Section | Yes  Date/Initial | N/A  Date/Initial | Discussed  Date/Initial |
| 13 |  |  |  |
| Notes/record of discussions | | | | |

**Outcome of Assessment**

Considering the information from the assessment, the member of staff has been assessed as *(Please delete as appropriate)*

* Demonstrating competence to administer medication unsupervised.
* Demonstrating competence to undertake health care tasks unsupervised
* Demonstrating competence at this assessment to administer medication unsupervised with the exceptions identified below
* Requiring further supervision or training in order to administer medication unsupervised at this time.

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| **Identified actions/exceptions** |
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| **ASSESSMENT AGREEMENT**  Sign only on completion of the full assessment.  Name of assessor |  |
| Signature of assessor |  |
| Job title |  |
| Name of staff member |  |
| Signature of staff member |  |
| Job title |  |
| Completion date of assessment |  |

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| **Date of review** |  |  |  |  |
| **Assessor Signature** |  |  |  |  |
| **Staff signature** |  |  |  |  |