

# Medicines Proficiency: Non Intra Venous

	Name (Print)	Signature	Site	Department
Registered Nurse				
Preceptor				
Preceptor				
Preceptor				

## The NHS GGC Non I.V. Medicines Proficiency must be used by:

- Newly Qualified Practitioners substantive or Bank fixed site contract: undertake on commencement of post with completion within 2 weeks
- New NHS GGC employees: undertake on commencement of post with completion within 2 weeks

## Accountability

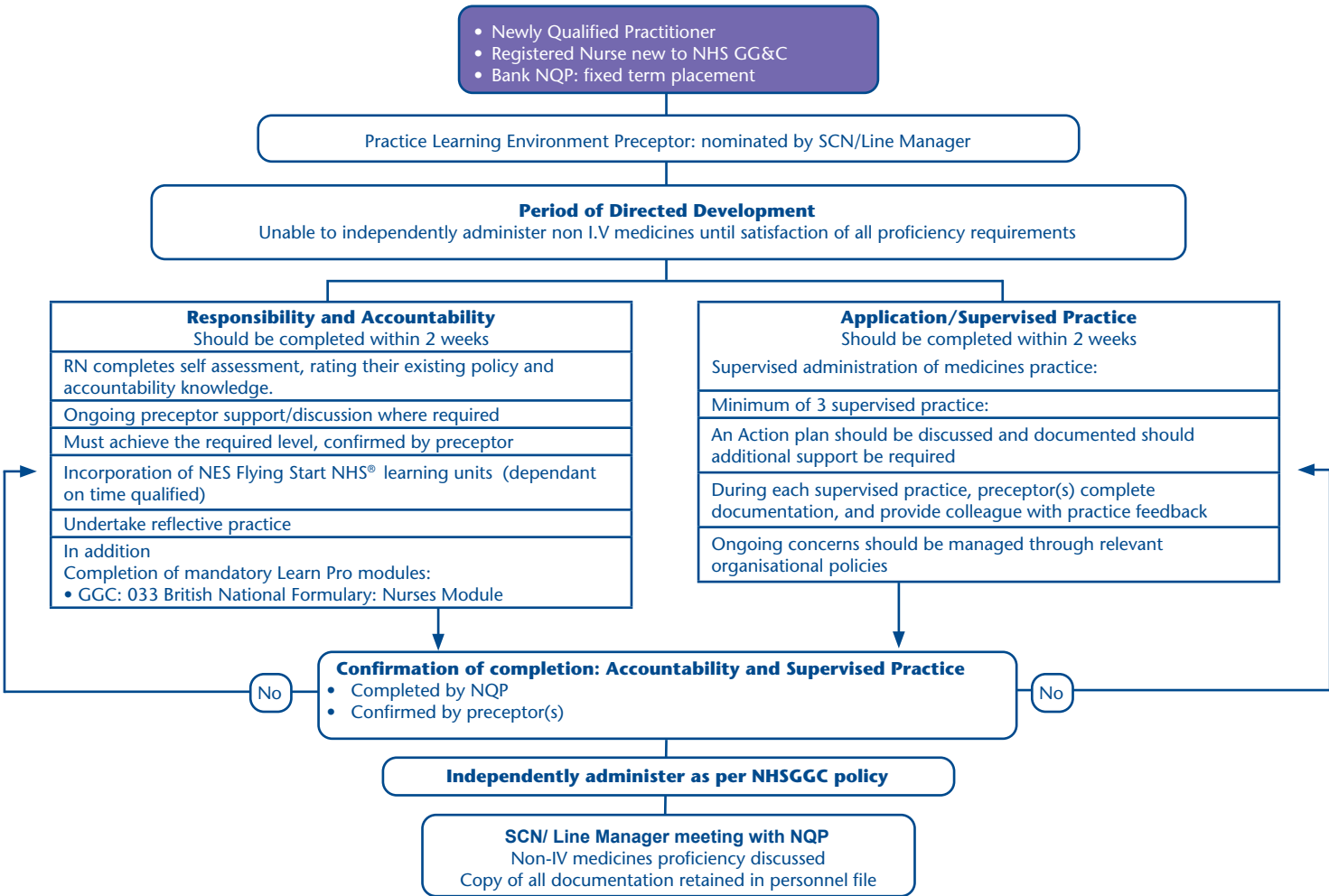
- Lead Nurse/Team Leader/SCN are responsible for the implementation and adherence to, NHS GGC Medicines Proficiency:Non I.V.
- Team Leader/SCN must nominate preceptor to support NQP/Registered Nurse (RN)
- The Preceptor must:
  - be an experienced registered nurse
  - evidence compliance of the performance criteria detailed within Policy and Standards, Dispensing ,Administration and Recording (pages 8-12)
- NQP/RN must follow the guidance given in the relevant flow charts provided (pages 3, 4)

The most frequent treatment offered to patients is medication, which must be prescribed, dispensed and administered safely and effectively (Duthie, 2005).

Newly Qualified Practitioners (NQPs) have satisfied NMC requirements in relation to drug administration, however, the NMC (2010) do acknowledge the lack of broad or specialist clinical experience. While it is each individuals responsibility (whether newly qualified or an established practitioner) to acknowledge and act within the boundaries of their competency, the NMC (2015) identify that employers have a responsibility to support their staff in maintaining their professional standards. The introduction of an NHS GGC Non I.V. medicines proficiency provides a consistent approach which links to NHS Flying Start® and NHS GGC Safe and Secure Handling of Medicines in Hospital Wards, Theatres and Departments.

In relation to the administration of medicines, The Code (NMC, 2015) defines the principles which must be embedded in every RN Practice.

<b>Prioritise People</b>	4	Act in the best interests of people at all times
<b>Practice Effectively</b>	6.2	Maintain the knowledge and skills you need for safe and effective practice
<b>Preserve Safety</b>	14	Be open and candid with all service users about all aspects of care and treatment, including when any mistakes or harm has taken place
	18	Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations
	19.1	Take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place
<b>Promote Professionalism and Trust</b>	20	Uphold the reputation of your profession at all times.



**Bank Registered Nurse new to NHS GG&C  
Completed in areas supporting initial orientation period**

Practice Learning Environment Preceptor: nominated by SCN/ Line Manager  
(In area undertaking orientation shifts)

**Period of Directed Development**

Unable to independently administer non I.V medicines until satisfaction of all proficiency requirements

**Responsibility and Accountability**

Should be completed within orientation period

RN completes self assessment, rating their existing policy/accountability knowledge..

Preceptor support/discussion where required

Must achieve the required level, confirmed by preceptor

Undertake reflective practice

In addition

Completion of mandatory Learn Pro modules:

- GGC: 033 British National Formulary: Nurses Module

**Application/Supervised Practice**

Should be completed within orientation period

Supervised administration of medicines practice:

Minimum of 3 supervised practice:

An Action plan should be discussed and documented should additional support be required

During each supervised practice, preceptor(s) complete documentation, and provide colleague with practice feedback

Ongoing concerns should be managed through relevant organisational policies

**Confirmation of completion: Accountability and Supervised Practice**

- Completed by NQP
- Confirmed by preceptor(s)

No

No

**Independently administer as per NHSGGC policy**

**SCN/ Line Manager meeting with RN**

Non-IV medicines proficiency discussed

- Staff Nurse Bank Manager notified
- Copy of all documentation retained

## Responsibility and Accountability

### Completion of this section

Hyperlinks to both Professional and Organisational policy can be found on the resource page (Page 14).

Please access and read these documents before commencing this proficiency process.

The Registered nurse should assess their non I.V. medicines knowledge and understanding using the rating scale:

- The initial rating is completed by placing the date (e.g. 02/05/16) and initials in the numbered box that matches the considered level of proficiency
- Developing proficiency is recorded in the corresponding box
- The RN is expected to achieve and maintain all proficiencies at Level 4 within two weeks of commencing their portfolio.

### Proficiency Rating Scale:

LEVEL	
1	Has observed this and had the theory explained to them.
2	Is able to participate and assist in this.
3	Is able to link the theory to the practice and do this safely and competently with supervision.
4	Can do this safely and competently without supervision.

*Based on original work by: Steinaker N & Bell R (1979)*

- The Action plan on page 13 should be used to document any areas for development.
- Should there be any ongoing concerns these should be referred to the line manager and managed through relevant organisational policies.

	Performance Criteria Proficiency scale	Proficiency scale				Discussion	Outcome	
		RN: Date/ initial					Preceptor: Date/Initial	
		1	2	3	4		Achieved	Not Achieved
<b>1</b>	<b>Policy &amp; Standards</b>							
	<i>Example</i>		MS 1.3.16		MS 7.3.16	Discussed personal accountability	A. N 7.3.16	
<b>1.1</b>	<b>Professional resources</b> which relate to the administration of non IV medicines Discuss how they support practice. - The Code - RPS Professional Guidance on the Administration of Medicines in Healthcare Settings							
<b>1.2</b>	<b>Organisational resources</b> which relate to the administration of non IV medicines Discuss how they support practice. - NHSGGC safe and secure handling of medicines policy - Chance to check process - MMyM SOPs - No interruption policy - Symptomatic Relief policy (where appropriate)							
<b>1.3</b>	Demonstrates they can source the relevant information relating to medicines - BNF - NHSGGC Adult therapeutic handbook (as appropriate) - Clinical Pharmacist							
<b>1.4</b>	Can discuss the circumstances when a Datix is required relation to the administration of non IV medicines							

## Supervised Practice

- NQPs and RNs new to NHS GGC should complete supervised practice within 2 weeks of starting your proficiency portfolio.
- Bank Nurses should refer to the appropriate flow charts on pages 4 for completion timescales.

### Completion of this section

- Using the performance criteria on pages 9, 10 and 11 you must undertake a minimum of 3 supervised medicine rounds supervised by your Preceptor(s). If you require more than 3 supervisions, pages 9, 10 and 11 should be photocopied.
- For each area of the performance criteria your preceptor will :
  - Indicate if it has been achieved or not and record the date in the outcome section.
  - Record any relevant feedback.
  - Print and sign their name against each supervised practice.
  - You will also print and sign your name.
- The Action plan on page 13 should be used to document any areas for development.
- Any ongoing concerns should be referred to the SCN / line manager and managed through relevant organisational policies.
- When both sections of this document have been completed :
  - the “Statement of proficiency” on page 12 is completed by both you and your preceptor, at this time you can independently administer non I.V. medicines (as per NHS GGC)
  - you will inform your line manager who signs the relevant section on page 12
  - Your SCN / line manager will retain a copy of the document
  - You retain a copy of the document

	Performance Criteria Proficiency scale	Supervised Practice	Feedback	Outcome		Preceptor	Registered Nurse
				Achieved	Not Achieved	Print and sign	
2	Dispensing						
	<i>Example</i>	1	<i>Appropriate hand hygiene technique</i>	✓ 07.03.16		A Nurse <i>A Nurse</i>	M Simpson
2.1	Prepare patients and environment in advance of medicines administration	1					
		2					
		3					
2.2	Demonstrates adherence to organisational policy relating to - Hand hygiene - wearing of a purple apron	1					
		2					
		3					
2.3	Reviews all sections of the drug Kardex - Patient details and allergies - Once only & Pre medication drugs - Parenteral – regular - Oral and other - regular - All routes as required - Symptomatic relief section	1					
		2					
		3					
2.4	Accurately identifies the medicine/s to be administered checking the prescription for - Clarity and accuracy - Prescribers signature Takes/recognises the appropriate action if required	1					
		2					
		3					



	Performance Criteria Proficiency scale	Supervised Practice	Feedback	Outcome		Preceptor Print and sign	Registered Nurse
				Achieved	Not Achieved		
2.4	Accurately interprets the prescription selecting the - Right drug - Right format - Right time  Checking the - Expiry date - Storage environment is correct - Integrity of the packaging	1					
		2					
		3					
2.5	If prescribed medication is unavailable, record correct code on drug kardex and undertake appropriate action. - Refer to NHS GGC Prevention of Missed Doses	1					
		2					
		3					
<b>3</b>	<b>Administration</b>						
3.1	Correctly identifies the patient - Verbally: rechecking if any allergies  Checking ID band	1					
		2					
		3					
3.2	Explains to the patient the reason for the prescribed medication including any specific information	1					
		2					
		3					

	Performance Criteria Proficiency scale	Supervised Practice	Feedback	Outcome		Preceptor	Registered Nurse
				Achieved	Not Achieved	Print and sign	
3.3	If prescribed medication is unavailable, record correct codeon drug kardex and undertake appropriate action. - Refer to NHS GGC Prevention of Missed Doses	1					
		2					
		3					
3.4	Carries out any patient observations before and/or after administration specific to the prescribed medication	1					
		2					
		3					
3.5	Demonstrates proficiency in administering the medicine via the prescribed route using any devices correctly: select most relevant in your practice area - Oral - Hypodermic - Inhaled - Topical (including eye and ear drop) - Rectal /vaginal - Transdermal patches - Nasogastric / PEG tubes	1					
		2					
		3					

	Performance Criteria Proficiency scale	Supervised Practice	Feedback	Outcome		Preceptor	Registered Nurse
				Achieved	Not Achieved	Print and sign	
<b>4</b>	<b>Recording</b>						
4.1	Accurately records the administration of the medicine in the appropriate section of the drug kardex i.e. - Date - Time	1					
		2					
		3					
4.2	Uses the correct codes to record when a medicine has not been administered Takes appropriate action e.g. escalation as required	1					
		2					
		3					

**Statement in support of proficiency being achieved**

Can now/ continue (delete as appropriate) to independently administer non I.V. medicines

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**Registered Nurse**

Print Name:

Signature:

Date:

**Preceptor**

Print Name:

Signature:

Date:

**SCN/Line Manager reflective discussion**

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**Registered Nurse**

Print Name:

Signature:

Date:

**SCN/Line Manager**

Print Name:

Signature:

Date:

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

Date	Actions Required	Timescale	Action Achieved Preceptor: Date/Initial
07/03/16	Example 1. Understands the process of subcutaneous injection but required additional experience to become proficient	1 week	10/03/16 <i>AN</i>
	1		
	2		
	3		

**Registered Nurse**  
 Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Preceptor**  
 Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Professional resources:

- **The Code 2015**  
<https://www.nmc.org.uk/standards/code/>
- **RPS Professional Guidance on the Administration of Medicines in Healthcare Settings**  
<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/SSHM%20and%20Admin/Admin%20of%20Meds%20prof%20guidance.pdf?ver=2019-01-23-145026-567>
- **NMC Standards of proficiency for registered nurses**  
<https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/>
- **NMC Revalidation**  
<https://www.nmc.org.uk/globalassets/sitedocuments/revalidation/reflective-accounts-form.doc>

## Organisational resources

- **Safe and secure handling of medicines policy**  
<http://www.staffnet.ggc.scot.nhs.uk/Acute/Division%20Wide%20Services/Pharmacy%20and%20Prescribing%20Support%20Unit/Clinical%20Governance/Pages/Safe%20and%20Secure%20Handling%20of%20Medicines.aspx>
- **No interruptions policy**  
<http://www.staffnet.ggc.scot.nhs.uk/Partnerships/MHP/MHP%20Corporate%20Information/Policies/MHS%20Policies/GGC%2007%20No%20Interruptions%20for%20the%20Preparation%20and%20Administration%20of%20Medicines%20Policy.pdf>
- **Symptomatic relief policy**  
<http://www.staffnet.ggc.scot.nhs.uk/Acute/Division%20Wide%20Services/Pharmacy%20and%20Prescribing%20Support%20Unit/Prescribing/Non%20Medical%20Prescribing/Documents/Symptomatic%20Relief%20Policy%20FOURTH%20edition%20Approved%20March%202018.pdf>
- **Chance to check project**  
<http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/Clinical%20Governance/Clinical%20Risk/Pages/ChancetoCheckPage.aspx>

- **Prevention of Missed Doses**

<http://www.staffnet.ggc.scot.nhs.uk/Acute/Division%20Wide%20Services/Practice%20Development/Documents/Appendix%2078%20Prevention%20of%20Missed%20Doses%20Algorithm.pdf>

- **Clinical info Staffnet page**

<http://www.staffnet.ggc.scot.nhs.uk/Clinical%20Info/Pages/default.aspx>

