University Hospitals of Leicester NHS

NHS Trust

The Assessment of Administration of Medicines by Nurses (Adult/Childrens), Midwives, Nursing Associates and Operating Department Practitioners

Policy and Procedures

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Trust Lead:	Richard May (Education and Practice Development Charge Nurse) - Chair of Medicines Management Assessment Group Eleanor Meldrum, Deputy Chief Nurse Hannah Flint Senior Nurse Medicines Management
Board Director Lead:	Julie Hogg, Chief Nurse
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CONTENTS

REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

Removed ongoing (triennial) assessment and theory assessment of staff new UHL

KEY WORDS

Medication Administration, Medication Assessment, Medication, medicines Management, drug administration, maths, numeracy, calculations

Assessment of Administration of Medicines by Nurses, Midwives, Nursing Associates and ODPs
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1 INTRODUCTION AND OVERVIEW

1.1 In the context of this policy, Nursing and Midwifery Council (NMC) or Health and Care Professionals Council (HCPC) registered staff relates to those Nurses, Midwives and Nursing Associates who are registered with the NMC and Operating Department Practitioners (ODPs) who are registered with the HCPC.

1.2 NMC/HCPC registered staff working for the University Hospitals of Leicester NHS Trust (UHL) must be able to clearly demonstrate that they are up to date and competent in the safe administration of medicines to patients, supported by the NMC Code (2018), HCPC Standards for Proficiency (2014), Leicestershire Medicines Code (LMC), Royal Pharmaceutical Society and the Health and Social Care Act (2012).

1.3 It is an essential requirement of the job role that all Newly Registered staff undertake an initial administration of medicines competency assessment. All components must be completed before the NMC/HCPC registered staff can administer medication without supervision.

1.4 It is expected that all experienced registered staff who are new to the Trust undertake a competency assessment as part of their local induction. This assessment must be completed before the staff member can administer medication without supervision. (See appendix 2 for flowchart of process)

1.5 Competency assessment could be used as evidence of capability during individual performance review.

1.6 The aim of this policy is to ensure that NMC/HCPC registered staff safely administer medicines by standardising the assessment process.

2 POLICY SCOPE –WHO THE POLICY APPLIES TO AND ANY SPECIFIC EXCLUSIONS

2.1 This policy applies to NMC registered staff and HCPC regulated ODPs employed by UHL (including those on the UHL bank and The Alliance).

2.2 It is recognised that medicines are administered by other groups of staff such as Radiographers, Assistant Practitioners, Medicines Management Technicians and Healthcare Scientists. It is recommended that the principles laid out in this Policy are also applied to these groups of staff.

2.3 This policy details the initial assessment process for the administration of medicines

2.4 The assessment of medicines applies to all medicines administered via any route.

2.5 While it is acknowledged that not all NMC registered staff will regularly practice this skill as part of their current role (e.g. staff in outpatients, staff in non-clinical nursing roles and certain specialist roles or those with an honorary contract), it is a professional requirement that all staff maintain a basic level of skill in relation to the administration of medicines which is grounded in patient safety (See section 5.7 for more details)

3 DEFINITIONS AND ABBREVIATIONS

3.1   Competence: Relates to the need for the NMC/HCPC registered staff to demonstrate their 'capability' in certain skill areas to a required standard at a point in time.

3.2   Dyscalculia: Is an inability to understand simple number concepts and to gain basic number skills.

3.3   Dyslexia: Manifests itself as a difficulty with reading, writing and spelling.

3.4   LCAT: Leicestershire Clinical Assessment Tool, a local evidence based assessment, used to establish competence in practice.

3.5   Pass: Achieving 100% in the numeracy assessment, 80% or more in the theoretical assessment and successful completion of the practical assessment.

3.6   Retrieving a fail (Moderation): If the staff member fails the numeracy part of the assessment by 1 or 2 questions, an opportunity will be given to re attempt these questions.

3.7   The Self Verification form enables staff to make a declaration that they are not involved in the administration of medicines as part of their role. (See section 5.7 for details)

4   ROLES – WHO DOES WHAT

4.1   The Executive Lead for this Policy is the Chief Nurse

4.2   Heads of Nursing / Deputy Chief Nurse – Education and Practice Development

   a)   To ensure that processes are in place within their Clinical Management Group (CMG) / Corporate Directorates to implement this policy and procedure.

   b)   To monitor compliance and support Matrons and Ward Sisters/Managers with any issues or concerns that may be raised.

   c)   To give final approval to modifications to the assessment process in special circumstances.

4.3   Senior Nurse - Medicines Management and UHL Medicines Management Team

   a)   To support the implementation of this policy

   b)   To provide regular updates

4.4   Nursing and Midwifery Education Leads

   a)   To support the Deputy Chief Nurse – Education and Practice Development in implementing this policy for nurses and midwives, nursing associates or ODPs working in Corporate Directorates.

   b)   To support the Education and Practice Development Team to facilitate the theoretical and numeracy elements of the assessment.

   c)   Provide advice to the UHL Medicines Management Assessment Group, Nursing and Midwifery Education Teams and Heads of Nursing on adapting the assessment in specific circumstances (see section 5.3 for more details)

   d)   To give final approval to modifications to the assessment process in special circumstances.

4.5   Matron

a) Support the Ward Sister/Charge Nurse/Line Manager with the assessment process and any subsequent performance management concerns.

4.6 Ward Sister/Charge Nurse/Line Manager

a) Ensure that the staff member is given every opportunity to undertake their assessment

b) Ensure that the assessment process is followed and in the event of failure provide support for the staff member and involve the Matron and Education and Practice Development Team

c) Ensure that relevant documentation is sent to the Nursing and Midwifery Education Team to be recorded on HELM

d) Ensure that newly registered staff complete the process. If the individual is unable to complete, a meeting must take place to discuss the reasons and formulate an action plan to support completion.

e) If the individual is unable to complete, the line manager must discuss the reasons with them. The circumstances can then be reviewed and a decision made as to whether the individual should restart the process. Advice can be sought from the Education and Practice Development Team.

f) Identify and support appropriate assessors for their clinical area.

g) Ensure staff transferring from an area where medication administration wasn't part of their practice, are assessed appropriately for their new role

4.7 Education and Practice Development Team

a) Provide opportunities for staff to complete the theory and numeracy assessment

b) Act as a resource to signpost staff to further education and training opportunities as a result of any learning needs or actions identified.

c) Record the outcome of the assessment process on HELM.

d) A Summary of the Education process is in appendix 6.

4.8 Assessor

This refers to the practical component only.

a) Must be competent in medication administration, be identified as an Assessor by their Line Manager and be LCAT trained.

b) Liaise with the staff member to book a suitable time for the practical assessment.

c) Feedback to the staff member and Ward Sister/Charge Nurse/Line Manager the results of assessment using the LCAT (Appendix 1), copies of which are to be given to the staff member and their Line Manager.

d) Provide constructive feedback and set realistic action plans to address knowledge and/or competency deficits after the assessment has been completed. Support can be sought from the Education and Practice Development Team.

4.9 Registrant (Nurse/Midwife/Nursing Associate/ODP)

a) Ensure, in conjunction with their line manager, that they complete the initial assessment within the specified time frame.

b) If required, arrange a time to undertake the theory and numeracy assessment with the Education and Practice Development Team.

c) Liaise with their assessor to book a suitable time for the practical assessment.

d) Take responsibility for their own learning and practice by accessing updates provided by UHL.

e) Undertake any further reading required to update their knowledge prior to the assessment. This should include knowledge of commonly used medications and patient information.

f) Complete any actions relating to knowledge and/or competence deficits identified at the assessment.

g) Ensure that all parts of the assessment are completed within the required time frame. If unable to do this they must discuss the reasons with their line manager.

h) Those who do not practice this skill as part of their current role must discuss and agree the assessment requirements with their line manager (please refer to Section 5.7).

i) Any registrant changing their role has a professional responsibility to identify to their line manager that they require additional assessment

4.10 UHL Medicines Management Assessment Group

a) Responsible for the coordination and standardisation of the assessment processes including the exam/test papers and Medicines Management Clinical Competency Booklet (MMCCB)

b) Actively seek out resources to signpost staff to.

c) Be a point of contact for staff for advice on the assessment process

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

5.1 Medication administration assessment for **New Registrants** consists of: (see flowchart in appendix 3)

a) <u>Numeracy assessment</u> consisting of 20 fundamental maths and medication administration calculations. The registrant must achieve 100% to pass the assessment. A calculator can be used during the completion of this component.

b) <u>Theoretical assessment</u> consisting of 20 multiple choice questions based on the LMC and the relevant UHL policies. The staff member must achieve 80% to pass this component.

c) <u>Practical LCATs</u> which are incorporated into the MMCCB which also consists of:

- Record of discussions with a named assessor demonstrating their knowledge of commonly used medication.
- Record of discussions with a named assessor demonstrating their knowledge of routes of administration.
- Record of discussions with a named assessor demonstrating their knowledge of associated polices.

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- Documentation for the practical assessments
- Final completion statement.

5.2 Medication administration assessment for **nurses, midwives, nursing associates and ODPs who have previously worked in the UK as a registrant**

a) In order to be deemed competent these staff must undertake the **UHL Medicines Administration LCAT** within two weeks of commencing employment. This LCAT can also be used for registrants changing their role within UHL

b) In general ward areas the assessment must consist of administering medications to a team of patients. For areas that provide 1:1 nursing care this must consist of at least three separate administrations, this assessment must also cover the range of administration types appropriate to their clinical area/speciality/clinical role, e.g. Oral, enteral or subcutaneous.

c) Those registrants who have evidence of competence and wish to administer Intravenous Medications (IVs) in UHL must have this skill assessed as part of the practical assessment.

5.3 Adapting the Assessment

a) Assessments can be adapted in specific circumstances under the guidance of the Education and Practice Development Team

b) The practical assessment can be adapted depending on a staff member's current role, e.g. specialist registrants

c) The Medicines Management Assessment Group will keep a log of the special circumstances that have been approved for consistency checking and on-going learning.

d) Some staff may also require additional assessments; these will have been identified by the line manager in discussion with the Education and Practice Development Team and the staff member.

e) Final approval of any adaptations will be agreed by Education Leads and Heads of Nursing.

5.4 Reasonable Adjustments.

a) Reasonable adjustments will be made for staff with an identified learning difference where possible.

b) Staff who can demonstrate that they have a learning difference will be supported using the Equality, Diversity and Inclusion Policy (Trust Reference B61/2011).

5.5 **What to do in cases of a failed assessment (see flowchart of processes in** Appendices 4 and 5)

5.5.1 Retrieving a one or two question fail in the numeracy assessment

If the staff member gets one or two answers wrong they will be given these questions again to re-sit. If they get them correct they will have retrieved their fail and will have passed the assessment.

5.5.2 A fail of three or more questions in the numeracy assessment

If the staff member gets three or more answers wrong they must retake the full assessment within 2 weeks.

5.5.3 A fail in the theoretical assessment

If the staff member fails the theoretical test then they must retake the full assessment within 2 weeks

5.5.4 <u>A fail in the Practical LCAT</u>

    a) The assessor must immediately discuss this with the nurse/midwife/odp and their line manager.

    b) The staff member can continue to administer medication under direct supervision until a reassessment is undertaken.

    c) In the event of a second practical fail, advice can be sought from the Education and Practice Development Team regarding next steps.

5.6 If a member of staff continues to fail any component they could be managed using the Improving Performance (Capability) Policy and Procedure – Non- Medical Staff

5.7 Registrants who do not regularly Administer Medicines as part of their role

    a) All new registrants must complete assessment as detailed in 5.1

    b) Registrants new to UHL who are not required to administer medication as part of their role should discuss completing the self-verification form with their line manager

    c) Staff undertaking the practical assessment should take into account the administration system they are familiar with.

    d) CMGs/Corporate Directorates will take into account their expectations in meeting the needs of the service and any emergency or major incident planning when discussing the need for a practical assessment.

    e) UHL recognises that some registrants are employed in a role that does not require them to administer medication at any time. It may not be appropriate for these staff to undertake the practical assessment.

    f) The Self Verification form enables staff to make a declaration that they are not involved in the administration of medicines as part of their role. This declaration must be supported by their line manager in order for them to be exempted from the practical assessment. This form can be obtained from the Education and Practice Development Team.

    g) When changing roles, a registrant who did not previously administer medications, should discuss with their line manager whether they need to complete the LCAT.

6 EDUCATION AND TRAINING REQUIREMENTS

6.1 The staff member must take responsibility for their own learning and practice. Registrants requiring support and education should contact the Education and Practice Development Teams for signposting to resources.

7 PROCESS FOR MONITORING COMPLIANCE

7.1 It is the responsibility of the Heads of Nursing to ensure compliance with this policy and procedure through the following key performance indicators /audit standards:

What key element(s) need(s) monitoring as per local approved policy or guidance?	Who will lead on this aspect of monitoring? Name the lead and what is the role of other professional groups	What tool will be used to monitor / check/observe/ asses/inspect Authenticate that everything is working according to this key element from the approved policy?	How often is the need to monitor each element? How often is the need complete a report ? How often is the need to share the report?	How will each report be interrogated to identify the required actions and how thoroughly should this be documented in e.g. meeting minutes.
100% of Registrants will have completed the assessment.	Heads of Nursing / Assistant Chief Nurse – Education and Practice Development,	HELM	Monthly	CMG Board Report
Improved compliance with Leicestershire Medicines Code	Medication safety pharmacist Senior Nurse Medicines Management	Datix incidents relating to medicines	6 weekly	To MedOC

8 EQUALITY IMPACT ASSESSMENT

8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

9.1 UHL Policies:

- Management of Reported Medication Errors Policy (Trust reference B45/2008)
- Patient Group Directions Policy (for supply of medicines to patients) (Trust reference B43/2005)
- Policy and Procedures for the Management of Controlled Drugs (CDs) on Wards, Departments and Theatres (Trust reference B16/2009)
- UHL Administration of Injectable Drugs Policy (Also commonly known as IV policy) B25/2010
- Equality, Diversity and Inclusion Policy (Trust Reference B61/2011).
- Improving Performance (Capability) Policy and Procedure – Non- Medical Staff (Trust reference Number B12/2014)
- Leicester Medicines Code (Current Edition) Available on InSite
- Covert Administration of Medication to Adult Inpatients Policy B3/2019
- Guideline for the Prevention of Omitted Medicines Guideline B45/2020

9.2 References and Evidence Base

- RCN Dyslexia, dyspraxia and dyscalculia: A toolkit for nursing staff (2010)
- NMC (2018) NMC: The Code
- NMC (2018) Standards of proficiency for registered nursing associates
- NMC (2019) Standards of proficiency for midwives
- NMC (2018) Standards of proficiency for registered nurses
- HCPC (2014) Standards of Proficiency

10   PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

10.1   This Policy will be reviewed in 3 years or sooner in response to any changes to national guidance

10.2   The Policy will be available via InSite and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system

Competency Assessment for the Administration of Medicines

LCAT Assessors Recording Form

Name	Date	Signature
Please specify which patient group this LCAT has been carried out on: Adult, Child, Midwife		

Competence Category	Positive Features	Weakness / Omissions	Score
Communication and working with the patient	• Introduces self to patient and/or family and explains procedure • Gains valid and on-going consent considering actions if patient refuses medication • Demonstrates suitable preparation of the patient • Checks patient understanding and gives information about medicines as appropriate • Performs administration in a compassionate manner. • Assists patient to take medication where necessary • Considers mental capacity issues (where appropriate) • Considers actions if patient refuses medication, particularly for critical medications		
Safety	• Checks 6 R's (person, time, medication, route, dose, documentation) • Correctly identifies the patient (using name, DOB and hospital 'S' number) and where possible, scan patient wristband • Ensures that the prescription is legible and written correctly and takes appropriate action if this is not the case • Identifies if patient has any allergies • Visually checks box/bottle/strip and checks expiry date of the medication		

	• Correctly identifies and uses any equipment/administration aids (medicine pot, oral syringe, inhaler, nebuliser etc.) • Accurately calculates medication dose • Monitors patient safety throughout procedure • Ensures that medications are taken **before** signing and leaving bedside • Demonstrates understanding of safe medicine storage • Safely handles medication • Is aware of limits of own competence and acts accordingly • Maximises own safety and the safety of others during administration.	
Infection Control	• Decontaminates hands in line with 'Five Moments' • Ensures all equipment is cleaned appropriately • Universal precautions used (where necessary) • Safe disposal of equipment used (e.g. giving set, sharps, etc.) • Complies with the principles of ANTT when administering medication	

Procedural Competence	• Able to give a rationale for why the medication may be prescribed for this patient
	• Able to show knowledge about the medication
	    o Indications/specific instructions
	    o Side effects
	    o Interactions
	    o Contraindications/Cautions
	• Prepares patient appropriately for medication administration (positioning, water, etc.)
	• Ensure privacy and dignity of patient is maintained.
	• Recognises untoward changes in the patient's condition that need to be considered (e.g.	

	hypotension, nausea) before and after medication administration • Deals appropriately with the evolving situation • Demonstrates appropriate documentation of medication administration, e.g. completion of drug chart, recording in emeds, appropriate completion of CD book, use of non-administration codes or documentation in case notes • Understands the importance of appropriate action in the case of missed doses • Demonstrates an understanding of when covert administration of medication is appropriate		

Team working	• Informs others of engagement in a drug round and deals with distractions appropriately
	
	• Communicates with
	    o Other NMC/HCPC registered staff
	    o Doctors
	    o Pharmacists/Technicians
	• Escalates any concerns, e.g. lack of mental capacity, medication omissions, unclear prescriptions
	• Cleans and stores away equipment and medication
	• Ensure patient is comfortable and bed space left tidy before leaving		

Particular Strengths/weakness			Total Score
Specific strategies for Improvement			

Assessors Name………………………..…………………….........**Assessors Signature**……………………………………………………………………..**Date**……………………

Assessment Process for New to UHL Registrants who have previously worked in the UK

Registered staff member meets with line manager to discuss previous experience

Individual to be given access to related policies and guidelines

Staff member completes eMeds e-learning if applicable

Staff member can administer medication under supervision

Staff member completes practical LCAT assessment

PASS

Staff member can administer medication independently

Fail

Staff memebr will continue to administer medication under supervision and retake the assessment within 2 weeks

LCAT form to be returned to Education and Practice Development Team in order for it to be recorded on HELM

In the event of a second practical fail, advice can be sought from the Education and Practice Development Team regarding next steps.

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Assessment Process for Newly Registered Staff

Staff member completes eMeds
e-learning if applicable

Staff member attends Medicines Management theory session
Medicines Management Clinical Competency Booklet (MMCCB) given by Education and Practice Development Team

Staff member commences supervised medication administration when in receipt of NMC/HCPC PIN

Staff member undertakes medicines management numeracy and theoretical exam organised by the Education and Practice Development Team

Staff member completes MMCCB with Registered Staff in practice

Staff member continues to administer medication under supervision

Staff member completes formative practical assessment

Staff member completes summative practical assessment

Education and Practice Development Team to verify and record on HELM

When all elements successfully completed staff member may administer medication without supervision

Please refer to Appendix 5 for failed assessment process if necessary

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Failure of Theoretical or Numeracy Assessment

The Staff Member continues to administer medication under supervision

A retest of the failed component must be completed within **2 weeks**

PASS

Staff Member may administer medication without supervision upon completion of MMCCB

SECOND FAIL

The Line Manager should:

- Discuss the fail with the Matron and/or the Lead Nurse
- Develop an action plan to address concerns
- Ensure that the Staff Member **only** administers medication under **supervision**
- Liaise with the Education and Practice Development Team for further support
- Arrange a retest of the failed component

THIRD FAIL

The Staff Member could be managed in accordance with the UHL Improving Performance and Capability policy.

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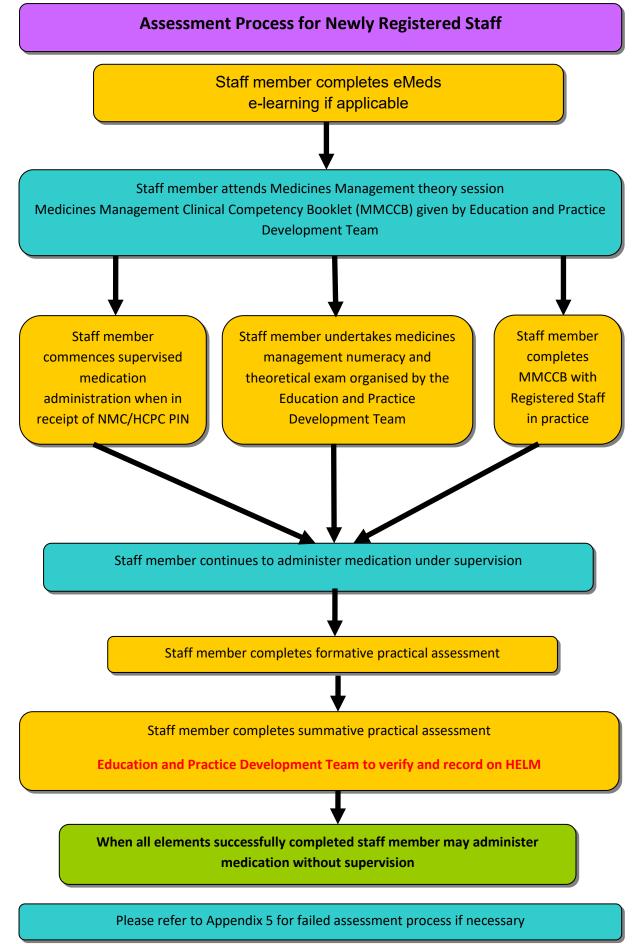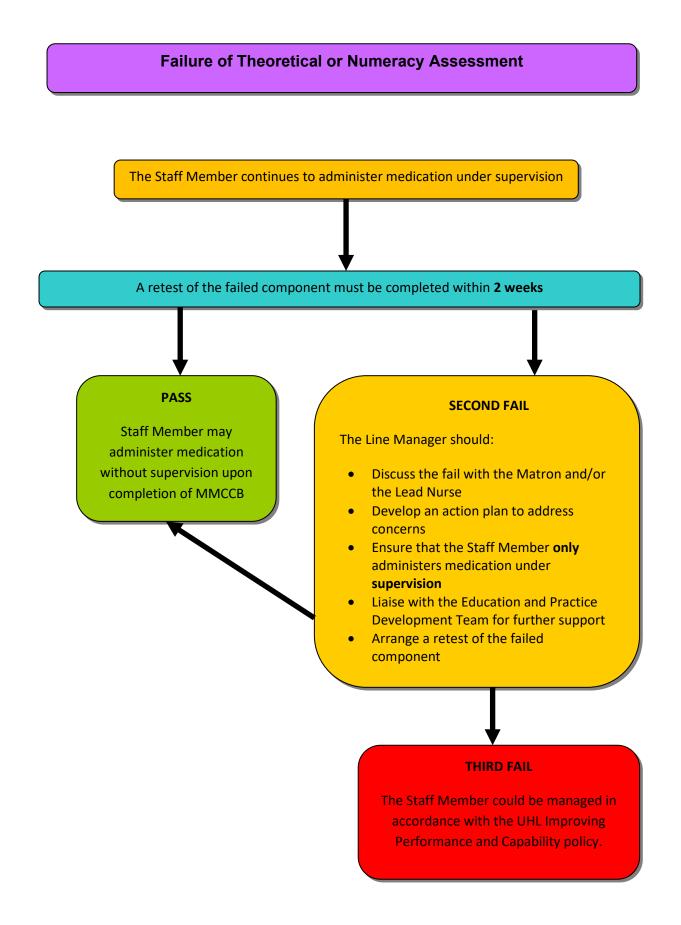**NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents**

In cases of a New Registrant Failing a summative practical assessment (LCAT)

The assessor must discuss the fail with the staff member's line manager

Staff member can continue to administer medication under supervision

Action plan to be developed and implemented by manager and staff member to address areas of concern.
Manager and staff member contact the Education and Practice Development Team for advice and support

The Practical Assessment must be repeated within **2 weeks**

PASS

Once member of staff has completed MMCCB they can administer medication independently

SECOND FAIL

In the event of a second practical fail, advice can be sought from the Education and Practice Development Team regarding next steps.
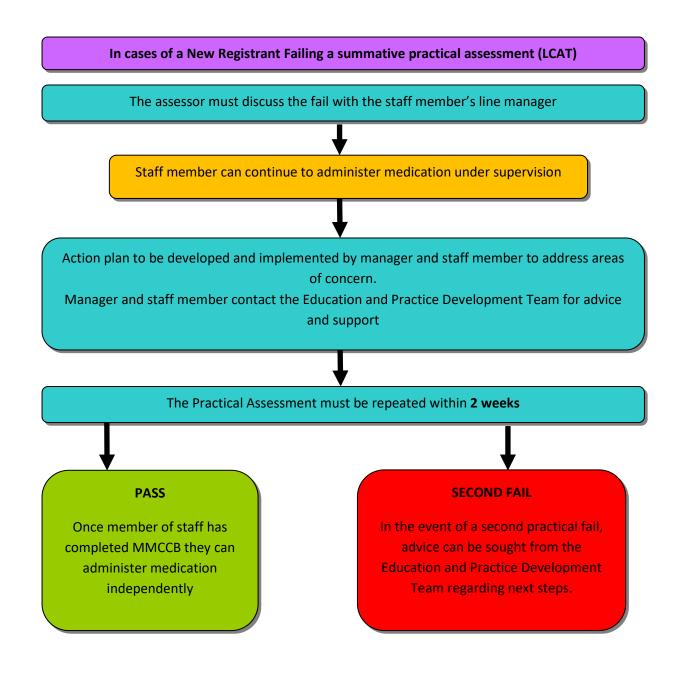
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Education and Practice Development Team's role in the New Registrant Theory and Numeracy Assessment Process

PRIOR TO THE ASSESSMENT
- Provide an opportunity for registered staff member to complete the numeracy and theoretical assessment
- Provide the staff member with MMCCB
- Provide opportunity for staff member to declare learning differences and request reasonable adjustments
- Signpost to available resources

CONDUCTING THE ASSESSMENT
- Arrange a suitable venue for the assessment
- Candidates to sign the appropriate register and show UHL ID badge
- Assessment invigilated by members of the education team
- Ensure latest version of the appropriate assessment papers are used
- Ensure any previously agreed reasonable adjustments are accomodated.

AFTER THE ASSESSMENT
- Papers to be marked on the day of the assessment by members of the education team.
- Results to be given to candidates on the day of the assessment by members of the education team.
- Results to be documented in MMCCB and on the register for the relevant CMG.
- An opportunity to retrieve a numeracy fail should be provided within 2 weeks of the assessment taking place.

FAILED ASSESSMENTS
- Education staff to refer to flow chart in Appendix 4 of the Assessment of Administration of Medicines by Nurses and Midwives Policy and Procedure.
- Education staff to meet with candidates who have failed to offer support and to signpost to further resources.
- Education staff to inform the candidates line manager of the fail.
- Education staff arrange for candidates to resit the failed assessment within 2 weeks of the initial assessment.
- Resit conducted using agreed alternative assessment papers.