

Non Intravenous (IV) Medicines Administration Proficiency

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

The NHS Greater Glasgow and Clyde (NHSGGC) Non Intravenous (IV) Medicines Proficiency must be used by:

- ALL new Registered Practitioners appointed to NHSGGC (irrespective of experience, substantive or fixed term) to be completed within two weeks of starting in post
- ALL Registered Practitioners appointed to the NHSGGC Nurse Bank to be completed during orientation shifts

Accountability

- Lead Nurse/Senior Charge Nurse (SCN) are responsible for the implementation and adherence to the NHSGGC Non IV Medicines Administration Proficiency
- Team Leader/SCN must nominate a preceptor to support the Registered Practitioner as they progress through the Proficiency
- The Preceptor must:
 - be an experienced Registered Practitioner
 - witness evidence of the new Registered Practitioner's compliance with the performance criteria detailed within Policy and Standards, Dispensing, Administration and Recording (pages 7-11)
- The new Registered Practitioner must follow the guidance in the flow chart on page 3

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

Registered Practitioners have satisfied their professional body's requirements in relation to medicines administration. Nevertheless, there is recognition that newly qualified practitioners may have limited broad or specialist clinical experience. While it is each individual's responsibility (whether newly qualified 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 NHS GGC Non I.V. Medicines Administration 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. With reference to Registered Nurses and Midwives in the context of medicines administration, the NMC Code defines the principles which must be embedded in every practitioner:

Prioritise People	4	Act in the best interests of people at all times.
Practice Effectively	6.2	Maintain the knowledge and skills you need for safe and effective practice.
Preserve Safety	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.
Promote Professionalism and Trust	20	Uphold the reputation of your profession at all times.

All Registered Practitioners newly appointed to NHSGGC (includes NQPs, Staff Bank, fixed term contracts and placements)

Practice Learning Environment Preceptor: nominated by SCN/Line Manager (this includes new Registered Staff Bank workers during orientation shifts)

Period of Directed Development

Unable to independently administer, OR as part of a two person independent check in paediatrics, non IV medicines until satisfaction of all proficiency requirements.

Responsibility and Accountability

Should be completed within two weeks or during orientation shifts if Staff Bank

Registered Practitioner completes self assessment, rating their existing policy and accountability knowledge.

Ongoing preceptor support/discussion where required

Must achieve the required level, confirmed by preceptor

Incorporation of NES Flying Start NHS® learning units (dependant on time qualified)

Undertake reflective practice

Application/Supervised Practice

Should be completed within two weeks or during orientation shifts if Staff Bank

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

No

Confirmation of completion: Accountability and Supervised Practice

- Completed by new Registered Practitioner
- Confirmed by preceptor(s)

No

Independently administer as per NHSGGC policy, OR as part of a two person independent check in paediatrics

SCN/ Line Manager meeting with new Registered Practitioner

Non-IV medicines proficiency discussed

Copy of all documentation retained in personnel file

If Staff Bank, please notify Staff Bank Nurse Manager and instruct Bank Nurse to return completed workbook to: ✉ staffbank.nursemanager@ggc.scot.nhs.uk

Responsibility and Accountability

Completion of this section

Progress through and completion of this proficiency will require knowledge of the relevant organisational policy and professional guidance which are listed in the resources page at the end of this document.

The Registered Practitioner 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. 02.10.22) 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.

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

- The Action Plan on page 12 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 RN: Date/ initial				Discussion	Outcome Preceptor: Date/Initial	
		1	2	3	4		Achieved	Not Achieved
1	Policy & Standards							
	<i>Example</i>		MS 1.8.22		MS 7.8.22	Discussed personal accountability	A. N 7.8.22	
1.1	Professional resources which relate to the administration of non IV medicines. Discuss how they support practice. - The Code or respective professional code of conduct - RPS Professional Guidance on the Administration of Medicines in Healthcare Settings.							
1.2	Organisational resources which relate to the administration of non IV medicines. Discuss how they support practice. - NHSGGC safe and secure handling of medicines policy - Medicines Administration Guideline - Chance to Check - Minimising Interruptions - Symptomatic Relief Policy (where appropriate)							
1.3	Demonstrates they can source the relevant information relating to medicines. - HEPMA Clinical Drug Information - BNF/BNFC - Clinical Pharmacist							
1.4	Can discuss the circumstances when a Datix is required relation to the administration of non IV medicines.							

Supervised Practice

- Registered Practitioners new to NHSGGC should complete supervised practice within 2 weeks of starting your proficiency portfolio
- If Staff Bank, the Registered Practitioner should complete the supervised practice during the orientation shifts

Completion of this section

- Using the performance criteria on pages 8, 9 and 10 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 12 should be used to document any areas for development
- Any ongoing concerns should be referred to the line manager and managed through relevant organisational policies
- When both sections of this document have been completed:
 - the "Statement of proficiency" on page 11 is completed by both you and your preceptor; at this time you can independently administer non I.V. medicines (as per NHSGGC) OR as part of an independent two person check in paediatrics
 - you will inform your line manager who signs the relevant section on page 11
 - Your line manager will retain a copy of the document
 - You retain a copy of the document
 - If Staff Bank please inform Staff Bank Nurse Manager of completion and return completed workbook to:
✉ staffbank.nursemanager@ggc.scot.nhs.uk

	Performance Criteria Proficiency Scale	Supervised Practice	Outcome		Preceptor	Registered Practitioner	Feedback
			Achieved	Not Achieved	Print and sign	Print and sign	
2	Dispensing						
	Example	1	✓ 07.08.22		A Nurse <i>A Nurse</i>	M Simpson	<i>Appropriate hand hygiene technique</i>
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 prescription, electronic or paper: - 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	Outcome		Preceptor	Registered Practitioner	Feedback
			Achieved	Not Achieved	Print and sign	Print and sign	
2.4	Accurately interprets the prescription selecting the: - Right medicine - Right dose - Right route - 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 the correct reason for non-administration and undertake all actions to source the medication. - Refer to the NHSGGC Prevention of Missed Doses algorithm	1					
		2					
		3					
3	Administration						
3.1	Follows the Chance to Check conscious checklist: - 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 - The patient's ID band matches the name and CHI on the prescription	1					
		2					
		3					

	Performance Criteria Proficiency Scale	Supervised Practice	Outcome		Preceptor	Registered Practitioner	Feedback
			Achieved	Not Achieved	Print and sign	Print and sign	
3.2	Explains to the patient the reason for the prescribed medication including any specific information.	1					
		2					
		3					
3.3	Carries out any required interventions before and/or after administration specific to the prescribed medication. e.g. NEWS/PEWS, lying and standing BP, blood glucose etc.	1					
		2					
		3					
3.4	Demonstrates proficiency in administering the medicine via the prescribed route using any devices correctly: select most relevant in your practice area: - Oral - Intramuscular/Subcutaneous injection - Inhaled - Topical (including eye and ear drop) - Rectal /Vaginal - Transdermal patches - NG/PEG tubes	1					
		2					
		3					

	Performance Criteria Proficiency Scale	Supervised Practice	Outcome		Preceptor	Registered Practitioner	Feedback
			Achieved	Not Achieved	Print and sign	Print and sign	
4	Recording						
4.1	Accurately records the administration of the medicine in the appropriate section of the electronic or paper prescription record.	1					
		2					
		3					
4.2	Record appropriately 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 OR as part of a two person independent check in paediatrics, non IV medicines

Registered Practitioner
Print Name: Signature: Date:

Preceptor
Print Name: Signature: Date:

SCN/Line Manager reflective discussion

Registered Practitioner
Print Name: Signature: Date:

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
07.08.22	Example 1. Understands the process of subcutaneous injection but required additional experience to become proficient.	1 week	10.08.22 <i>AN</i>
	1		
	2		
	3		

Registered Practitioner
 Print Name: _____ Signature: _____ Date: _____

Professional resources

- **The NMC Code**

- 🌐 <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>

- **Reflection (NMC Revalidation)**

- 🌐 <https://www.nmc.org.uk/revalidation/requirements/written-reflective-accounts/>

Organisational resources

- **Safe and secure handling of medicines policy**

- 🌐 https://ggcmedicines.org.uk/media/uploads/policies/section_11/sshm_acute_policy_-_0804.pdf

- **NHSGGC Medicines Administration Guideline” (link to follow)**

- **Adult Symptomatic Relief Policy**

- 🌐 <https://ggcmedicines.org.uk/media/3yrmgsop/8-2-adult-symptomatic-relief-policy-april-2021.pdf>

- **HEPMA Staffnet pages**

- 🌐 <http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/eHealth/eHT/Pages/HEPMA.aspx>

- **Pharmacy’s Clinical Information SharePoint site:**

- 🌐 <https://scottish.sharepoint.com/sites/GGC-ClinicalInfo>