**Electronic medicines competency assessment record**

**This record belongs to:** Click or tap here to enter text.

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| **This document is intended to be used to record the assessment of competency of the staff member named above after they have completed appropriate training.**  **It should be used alongside the ‘Medicines competency assessment guide for adult social care’ to ensure a consistent approach to assessments.** |

**Staff member:** Please complete this pre-assessment checklist:

1. **I have read and understood the care providers medicines management policy and related procedures****.** Choose an item.
2. **I have undertaken medicines management training which is relevant to the type of care setting that I work in and the tasks to be undertaken.** Choose an item.
3. **I understand that I need to have an annual review of my knowledge, skills and competencies relating to managing and administering medicines.**Choose an item.
4. **I have read and understood any other policies/mandatory training specific to medicines management**  Choose an item.

**If you answered** **‘no’ or ‘unsure’ to any of the statements above, please speak to you manager or nominated senior for additional support.**

**Staff member signature:** Click or tap here to enter text.

**Date signed:** Click or tap to enter a date.

**Assessor(s):**

* Check the staff member’s answers to the statements above.
* If the staff member answered ‘no’ or ‘unsure’, they will need to be supported to ensure they have received the necessary information before proceeding with the competency assessment.
* To ensure a consistent approach to assessments refer to the ‘Medicines competency assessment guide for adult social care settings’.
* If the duty is not currently relevant to the staff members role, choose ‘No’ in the first column (this duty will not need to be assessed at this time).

**Medicines management duties**

* Recommended minimum standard for medicines management duties = assessment using professional discussions
* Additional good practice points = assessment using professional discussions followed with direct observations

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| **Medicines management** | **Relevant to role**  **(Yes/No\*)** | **1st assessment** | | | **2nd assessment** | | | **FINAL SIGN OFF**  **After assessment(s)**  **date and name of person signing off** |
| Date of assessment | Method | Assessment by: | Date of assessment | Method | Assessment by: |
| Ordering medicines | Choose an item. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Receiving medicines | Choose an item. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Storing medicines | Choose an item. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Disposal of medicine | Choose an item. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| MARs prepared by and/or checked by care staff | Choose an item. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Being a witness, completing a second check | Choose an item. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Supporting self-administration | Choose an item. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Homely remedies (in care homes) | Choose an item. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Supporting self-Care | Choose an item. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Medicines when away from usual care setting | Choose an item. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| PRN and variable dose | Choose an item. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Medicines requiring special care | Choose an item. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Managing oxygen | Choose an item. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Reporting medicines incidents | Choose an item. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |

**Medicines administration duties**

* Recommended minimum standard for medicines administration duties = assessment using one direct observation
* Additional good practice points = assessment using three direct observations

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| **Medicines administration** | **Relevant to role**  **(Yes/No\*)** | **1st Assessment** | | | **2nd Assessment** | | | **3rd Assessment** | | | **FINAL SIGN OFF**  **After assessment(s)**  **date and name of person signing off** |
| **Date of assessment** | **Method** | **Assessment by** | **Date of assessment** | **Method** | **Assessment by** | **Date of assessment** | **Method** | **Assessment by** |
| Preparation (all forms) | Choose an item. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap to enter a date. | Click or tap here to enter text. |
| Solid oral | Choose an item. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap to enter a date. | Click or tap here to enter text. |
| Oral liquid | Choose an item. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap to enter a date. | Click or tap here to enter text. |
| Inhalers | Choose an item. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap to enter a date. | Click or tap here to enter text. |
| Eye drops/ointment | Choose an item. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap to enter a date. | Click or tap here to enter text. |
| Nasal drops/spray | Choose an item. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap to enter a date. | Click or tap here to enter text. |
| Ear drops/ointment | Choose an item. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap to enter a date. | Click or tap here to enter text. |
| Transdermal patches | Choose an item. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap to enter a date. | Click or tap here to enter text. |
| Topical  preparations | Choose an item. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap to enter a date. | Click or tap here to enter text. |
| Thickening  products | Choose an item. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap to enter a date. | Click or tap here to enter text. |
| Records | Choose an item. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap to enter a date. | Click or tap here to enter text. |
| Housekeeping | Choose an item. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap to enter a date. | Click or tap here to enter text. |

**Additional assessments**

If the staff member did not demonstrate competency after three attempts, you can record the outcome of additional assessments below.

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| **Medicines administration** | **4th Assessment** | | | **5th Assessment** | | | **6th Assessment** | | | **FINAL SIGN OFF**  **After Assessment(s)**  **Date & Name of person signing off** |
| **Date of assessment** | **Method** | **Assessment by** | **Date of assessment** | **Method** | **Assessment by** | **Date of assessment** | **Method** | **Assessment by** |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap to enter a date. | Click or tap here to enter text. |
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**Advanced medicines management duties**

* Recommended minimum standard for advanced medicines management duties = assessment using professional discussions
* Additional good practice points = assessment using professional discussions followed with direct observations

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| **Advanced medicines management** | **Relevant to role**  **(Yes/No\*)** | **1st assessment** | | | **2nd assessment** | | | **FINAL SIGN OFF**  **After assessment(s)**  **date and name of person signing off** |
| Date of assessment | Method | Assessment by: | Date of assessment | Method | Assessment by: |
| Medicines reconciliation | Choose an item. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Management of controlled drugs (in care homes ONLY) | Choose an item. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Covert administration | Choose an item. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |

*\*If you answer ‘No’, this duty does not need to be assessed as it is not relevant to the staff members role.*

**Space to document additional support/learning requirements and record support that has been provided (optional):**

Click or tap here to enter text.

**Space for assessor(s) comments (optional):**

Click or tap here to enter text.

**Space for staff member comments (optional):**

Click or tap here to enter text.