

# Tuberculosis Nurse Competency Framework for TB Prevention, Care and Control

CLINICAL PROFESSIONAL RESOURCE



# Acknowledgements

The development of this framework was led by Public Health England with the support of NHS England. It was developed by Gini Williams and members of the Tuberculosis (TB) Nurse Workforce Development Writing Group including: Marie O'Donoghue, Hanna Kaur, Deborah Crisp, Grainne Nixon, Diane Fiefield, Marion Fleming and Surinder Tamne. It reflects significant input from TB nurse representatives serving on the seven TB control boards across England. It also includes extensive input from numerous nurses working in the field of TB; these provided feedback on various drafts in response to a formal presentation of the framework at a number of TB nursing/workforce network meetings. We are also grateful to Joanne Bosanquet and Helen Donovan for providing professional leadership and guidance.

A list of participants and organisations that contributed to the framework is provided in the Appendix.

## **TB Nurse Workforce Development Writing Group equality statement**

Promoting equality and addressing health inequalities are at the heart of NHS England's and Public Health England's (PHE) values. Throughout the development of the policies and processes cited in this publication, the group have given due regard to the need to:

- eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it
- reduce inequalities between patients in access to, and outcomes from, health care services and in securing services that are provided in an integrated way where this might reduce health inequalities.

This publication is due for review in December 2020. To provide feedback on its contents or on your experience of using the publication, please email [publications.feedback@rcn.org.uk](mailto:publications.feedback@rcn.org.uk)

### **Publication**

This is an RCN practice guidance. Practice guidance are evidence-based consensus documents, used to guide decisions about appropriate care of an individual, family or population in a specific context.

### **Description**

This framework has been developed in response to the Review of the Tuberculosis Nurse Workforce in England published in 2015, to support the nursing workforce deliver TB prevention, care and control.

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# Foreword

This competency framework, for nurses working in the field of TB, was developed by Public Health England (PHE) and the NHS in partnership with the Royal College of Nursing (RCN) Public Health Forum. This included consultations and contributions from the patient's perspective and a wide range of nurses working in TB. It is based on the NHS Knowledge Skills Framework which has core and specific dimensions, descriptors and indicators describing novice-to-expert level TB nursing practice. This document is in line with NHS England's framework for nursing and allied professionals and is consistent with NICE TB guidance and the RCN's Case Management guidance and is linked to 'areas for action' in the Collaborative Tuberculosis Strategy for England, 2015 to 2020.

Traditionally nurses in the UK begin their careers in TB by coming from a wide range of backgrounds and 'learn about the job on the job' with variations in approach to specialist training or development. This leads to dissimilarity in service delivery or an inconsistent understanding of core and specific public health and clinical components which are required to deliver robust TB prevention, care and control on an individual, community and population level.

The framework provides a clear pathway for nurses thinking about entering TB nursing and for nurses already working in TB. It can be used by nurses for their annual appraisal to support their personal and professional development. The document enables a highly competent TB nurse workforce to deliver safe and consistent high quality care on an organisational level, to support recruitment and retention, and enhance our leadership potential.

This document provides a tool for managers and commissioners to help understand the wide range of knowledge, skills, practice and leadership required for service planning. It can also be used by TB control boards for local TB workforce reviews in relation to service models and local TB epidemiology.

There are elements in the framework that are relevant to nurses and midwives not specifically working in the field of TB but who have crucial roles in making every contact count particularly:

- prompt early diagnosis of TB and early initiation of treatment
- caring for inpatients with TB or suspected TB
- treatment support for individuals with TB
- Work with under-served populations
- BCG immunisation
- latent TB infection testing and treatment programmes.

All of these are fundamental to effective control and prevention of further spread of TB and improves individual, community and population level outcomes.

Building on the competency framework national outline job descriptions are being produced and work is planned with Health Education England to address the TB education and training needs of the TB workforce.

We hope you find the *Tuberculosis Nurse Competency Framework for TB Prevention, Care and Control* helpful and would welcome your comments on its usefulness. Please feedback any comments to:  
[publications.feedback@rcn.org.uk](mailto:publications.feedback@rcn.org.uk)  
 or [TbStrategy@phe.gov.uk](mailto:TbStrategy@phe.gov.uk)

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# 1. Introduction and background

This competency framework has been developed in response to the *Review of the Tuberculosis Nurse Workforce in England* published by the Centre for Workforce Intelligence (2015). The review complements the *Collaborative Tuberculosis Strategy for England 2015-2020* (PHE and NHS England, 2015) which sets out ten key action areas, including: 'Ensure an appropriate workforce to deliver TB control'. The competences reflect a consensus amongst TB nurses on best practice already applied in many places. The NHS Knowledge and Skills Framework (DH, 2004) is applied to establish the appropriate bandings for different levels of competency required. The RCN's *Tuberculosis Case Management and Cohort Review. Guidance for Health Professionals* (RCN, 2012a, 2017) and the latest NICE *Tuberculosis guideline* (2016) underpin all clinical practice described.

Nurses working in TB care are supported by the RCN Public Health Forum. The work on this framework was developed through a national group pulled together through PHE and led by an independent consultant funded by NHSE.

## Why do we need this framework?

To support the TB nursing workforce in reaching its full potential in delivering TB prevention, care and control, this framework demonstrates the role of the different levels of TB nursing linked to the ten evidence-based areas for action of the Collaborative TB Strategy for England 2015-2020. Currently, this is of relevance because:

- TB nurses on the seven TB control boards are now leading the new strategic role
- there is now an increased emphasis on tackling TB in the under-served groups and this will require more collaborative working
- of the new entrant latent TB (LTBI) screening initiative – this will require additional links between TB nursing services and new primary care practices; it will also increase

the numbers of people needing support through LTBI treatment.

The framework is in line with the NMC *Code of Conduct* (NMC, 2015) which sets out the professional standards nurses must uphold to remain on the register via a revalidation process, which takes place every three years. In addition, the NMC Code informs patients, carers and the public about what level of care they can expect from a qualified, registered nurse or midwife. It also helps employers understand how they should support staff to provide safe and effective care.

## Children: family-centred approaches and safeguarding

As a field of nursing where children, young people and adults are included in the caseload, it is vital that family-centred approaches are adopted and support is sought, where necessary, from paediatric specialist physicians and nurses, and local safeguarding policies are strictly adhered to. As nurses may well be visiting people's homes, either where a child is the patient or where children are present, it is important to consider what level of safeguarding training is required. Additional competences relating to children and young people have been produced by the RCN (2012b).

## Addressing the findings of the Review of the TB Nurse Workforce

The *Review of the Tuberculosis Nurse Workforce* (CFWI, 2015) takes note of both these developments and the impact these may have on the TB nursing workforce. It suggests that core competences should be consistent over all services and that there needs to be a greater sense of TB nursing as a professional specialism with its own identity and career pathway. In the long term, this will need to include specific opportunities for training and professional development. This framework aims to address these aspects of the report and Table 1 below, outlines the review's key findings.

**Table 1: How the framework addresses the workforce review findings**

<b>Findings from the Review of the Tuberculosis Nurse Workforce</b>	<b>How each will be addressed by this framework</b>
There is no clearly defined career pathway into TB nursing	To outline the competences required for nurses wanting to work in TB and enable nurses and managers to identify transferable skills and competences
There are no national guidelines for TB nurses to follow that cover the competences required for different nurse bandings	To clarify the competences required for different bandings
There is mixed support by management, for example, some nurses felt well supported by management; others felt that management did not understand their role	To assist managers and nurses with recruitment, professional development and performance review, by clarifying the role and competency levels required for different bandings
There is no national network or information sharing point	To enable the development of expert roles, at a regional level, to set up and co-ordinate a national network and information sharing opportunities
There are various workload issues relating to complex TB cases, latent TB and low numbers of nurses covering large areas	To address the complexities of the TB nursing role at different levels in relation to varied caseloads and local epidemiology

## The framework and the TB nursing workforce

TB specialist nursing is as much about public health as it is about clinical and nursing care. It embraces the core elements of public health nursing: inequalities, prevention and health protection across the entire population, as well as requiring sound knowledge of the physical aspects of the disease and the emotional, psychological and social impact on individuals, their families and friends. Patient caseloads cover all ages, social and cultural groups, with a huge variety of needs – managing such diverse caseloads presents a complex challenge. TB can never be treated in isolation and TB specialist nurses have to be mindful of the myriad of elements that make up patients' daily lives. This inevitably involves working in partnership with a variety of other services and organisations.

TB nurses come from a wide range of training backgrounds before entering the specialty (such as infection control, domiciliary nursing, respiratory and infectious diseases). There is no clear pathway into the field and with no formal specialist training on offer, skills and knowledge are usually acquired in practice. This has led to

a variety of service models, as well as variations in the quality of care. A competency framework is long overdue for this specialist and complex field of nursing and is needed to ensure that TB services in England are equitable and fit for purpose, both for the nurses providing the service and the people who need it.

The breadth of the TB nurse role requires flexibility and a wide range of competences so that they can adapt to abrupt changes in workload (due to incidents/outbreaks) and/or as result of an increased number of patients with complex needs.

Geographically, TB is not spread evenly across regions, towns and cities. This means that managers, employers and commissioners can be unaware of what type and size of workforce they need in order to respond effectively to a local TB situation, including what services local TB nurses are providing and what support they need. Table 2 outlines who will find the framework useful and how it can be used in recruitment, retention, professional development and workforce planning.

**Table 2: Who the framework is for and how it can be used**

Who is the framework for?	What is the framework for?
Nurses	Career pathway into, and through, TB nursing; consistency of banding
Wider TB workforce and other non-TB service nurses	Career pathway: standards of care
Managers	Workforce planning; professional performance review; continued professional development
Employers	Workforce planning; recruitment; standard job descriptions
Commissioners	Background for monitoring fitness for purpose against key performance indicators (KPIs) and TB service specifications
NMC	Benchmark for measuring standards of care in fitness to practice hearings

## The framework in the context of nursing in general

The framework aims to present a patient and family-centred approach to care, acknowledging the importance of the *Compassion in Practice: Nursing, Midwifery and Care Staff – our Vision and Strategy* (Department of Health and the NHS Commissioning Board, 2012). This publication also presents six fundamental values of nursing known as the 6Cs: care, compassion, competence, communication, courage and commitment. It is in line with NHS England's new framework for nursing and allied professionals: *Leading Change, Adding Value: A framework for Nursing, Midwifery and Care Staff* (2016). This new framework builds on the 6Cs by outlining 10 commitments (see Box 1) aimed at enabling nursing, midwifery and care staff to improve care and address the three main areas of concern outlined in NHS England's *Five Year Forward View* (2014), namely: health and wellbeing, care and quality, and funding and efficiency.

### Box 1: Ten commitments (Oxtoby, 2016)

1. Promote a culture where improving the population's health is a core component of practice.
2. Increase the visibility of nursing and midwifery leadership and input in prevention.
3. Work with individuals, families and communities to equip them to make informed choices and manage their own health.
4. Focus on individual-centred care.
5. Work in partnership with individuals, families, carers and loved ones.
6. Actively respond to what matters most to staff and colleagues.
7. Lead and drive research for evidence in care.
8. Provide the right education, training and development.
9. Have the right staff in place at the right time.
10. Champion the use of technology and informatics to improve practice, address unwarranted variations and enhance outcomes.

## 2. How the framework can be used in practice

The NHS KSF (2004) was designed to provide guidance on how to develop job descriptions and performance review tools based on an outline which identifies the dimensions of work the post covers, describes the level of competence required (level descriptors) and provides specific indicators which detail the different elements of the role in each level. Both the core dimensions and a number of specific dimensions have been adapted for the purposes of this framework, to assist in the development of post outlines in the field of TB. It is hoped that this framework will assist managers and team leaders in service planning as they develop local TB services to provide high-quality care for all those affected by TB and prevent the disease in the wider community, as well as being used in the longer term, to aid recruitment and retention in TB nursing.

The development of this framework is a response to the TB nurse workforce review in England, its applicability to TB nurse workforce in the rest of the UK would be appropriate given that its development is underpinned by the NHS KSF framework (DH, 2004), the RCN's *TB Case Management and Cohort Review. Guidance for Health Professionals* (RCN, 2012a (updated in 2017)) and the NICE TB Guideline (2016).

### Dimensions

According to the KSF (DH, 2004), every post has six core dimensions and a number of specific dimensions relevant to the requirements of the post. The specific dimensions in this framework have been chosen from the KSF to reflect the complexity of TB nursing and, as such, are more than seven which is the maximum number usually recommended (RCN, 2005). The framework is linked to the Collaborative TB Strategy for England as it identifies how the areas for action recommended in the strategy, listed below, relate to the different dimensions of TB nursing. Although all core dimensions will be required for each post, the specific dimensions may vary according to how local services are

organised, the geography of the patch (urban, rural or mixed), the size and profile of the caseload and local TB epidemiology.

### The Collaborative TB Strategy for England: Key areas for action

- A1. Improve access to services and ensure early diagnosis.
- A2. Provide universal access to high-quality diagnostics.
- A3. Improve treatment and care services.
- A4. Ensure comprehensive contact tracing.
- A5. Improve BCG vaccination uptake.
- A6. Reduce drug-resistant TB.
- A7. Tackle TB in under-served populations.
- A8. Systematically implement new entrant latent TB screening.
- A9. Strengthen surveillance and monitoring.
- A10. Ensure an appropriate workforce to deliver TB control.

### NHS KSF levels

These levels are helpful in establishing banding and pay grades. For someone new to a post, it is expected that they will achieve the level of competence required within the first year of being in post. This may take longer for someone working part time. Table 3 describes how the levels relate to different roles in TB nursing and suggests some examples as a guide. It is important to remember that, in each case, there will be posts which require a variation of dimensions with differing levels of competence and, although there is no strict association between levels and banding, Table 3 does



suggest how the two might relate to each other. Having established the different dimensions and levels of competency required for each post, the overriding level of competence will become clearer. This, in turn, will provide a useful guide for a decision regarding banding and help to maintain consistency and equality within the field.

The framework aims to provide as broad a consensus as possible, while also recognising that teams vary according to local epidemiology, commissioning processes and geographical

factors. Services vary from large-mixed teams working in high-incidence urban areas with non-clinical and administrative support, to lone nurses working over a vast rural area, with many variations in between. This framework focuses on the level of nursing competency required according to local need and skill mix available. Even though a nurse may have a small caseload in a rural area, the level of autonomy and variety of competency and skill required by that one nurse is likely to be high and should be reflected in the banding (see Table 3).

**Table 3: NHS KSF example levels and bands**

Level	Suggested band	Role	Examples
1	5	RNs who routinely provide care to patients with suspected or confirmed TB. The role is limited to supporting senior colleagues and liaising with the TB team	Staff nurses working in accident and emergency departments, respiratory and infection control wards, HIV units or in chest clinics; practice nurses involved in new entrant LTBI screening; prison nurses; infection control nurses; health visitors; midwives and school nurses
2	5-6	RNs with a minimum level of knowledge and skills for all nurses working within the TB field	Novice TB nurses developing in the role; a member of the TB team managing standard care for people suffering with TB and participating in screening programmes
3	6-7	Specialist nurses performing, or working at, advanced level practice. They work autonomously to co-ordinate and deliver comprehensive care to patients	TB team lead, in charge of a caseload and providing enhanced case management (ECM)
4	7-8	Expert nurse/consultant with strategic input at regional or national level	Tuberculosis Control Branch (TBCB) representative; collaboration with PHE (regional and national) and NHS England; manager of TB teams over multiple sites or a large geographical area

### 3. The framework using core and specific dimensions, levels and indicators

This section identifies the competences required to implement the Collaborative TB Strategy for England 2015–2020 (PHE and NHS England, 2015) and comply with the RCN's *TB Case Management and Cohort Review. Guidance for Health Professionals* (RCN, 2012a) and the NICE *TB Guideline* (NICE, 2016). The core and specific dimensions have been taken directly from the KSF and selected for their relevance to the complex role of TB nursing. The level descriptors correspond with those in the KSF but have been adapted to relate specifically to TB prevention, care and control. As in the KSF, there is no hierarchy and one dimension is no more or less important than any other. The intention is to demonstrate how the field of TB nursing can be defined on a professional basis in line with the professional standards and competences in all other fields of nursing.

The indicators give a more detailed breakdown of the knowledge and skills required in each level for each dimension and are useful for informing job requirements and performance review. Nurses will have to demonstrate that

they meet each level of competence by meeting the indicators identified locally as being relevant for the post. For those new to a post, it should be expected that they will reach relevant indicators within the first year. Staff will develop their knowledge, skills and competence over time and this needs to be acknowledged and reflected in their pay and conditions. This can be achieved through an annual competency-based performance review process. It will not be possible to upgrade a post based simply on the performance of an individual, but recognition of an individual's performance can enable them to improve their prospects of promotion to a higher banded post when a vacancy arises. In some cases, the levels may be higher than current expectations and in others they will be lower. This is only to be expected following the findings from the *Review of the TB Nurse Workforce* (CFWI, 2015) and it is anticipated that steps will need to be taken to ensure consistency across England. The framework is based on a broad consensus regarding what level of competency is required for each dimension.

## Example of the framework using core and specific competences, levels and indicators

Dimensions	Action areas	Level descriptors	2	3	4
<b>Core nursing competences in relation to TB care and prevention</b>					
CORE 1: Communication	A1, A4, A7, A8	Communicates with patients and colleagues on TB transmission, prevention and management.	Communicates with the public, patients and colleagues on all standard aspects of TB management, disease processes and implications.	Develops and maintains communication with patients and colleagues from a variety of health and social care organisations about all the aspects of TB, as well as about specific patients with complex needs, those struggling to adhere and those refusing to participate in tests and/or treatment.	Develops and maintains communication with the TB service as a whole, as well as managers, commissioners, regional TBCBs and other strategic level partners on complex matters, issues and ideas and/or in complex situations with regard to TB care and control.
Indicators	Reduces barriers to effective communication. (DH, 2004) Accurately reports and/or records work activities according to organisational procedures. (DH, 2004) Communicates information only to those people who have the right and need to know it, consistent with legislation, policies and procedures. (DH, 2004) Explains a basic understanding of infectious diseases. Communicates at a level and a language (interpreting) appropriate to the patient and their family. Appropriately informs and advises patients on discharge. Seeks advice from senior colleagues when necessary. Keeps accurate and complete records consistent with legislation, policies and	Improves the effectiveness of communication through the use of communication skills. (DH, 2004) Constructively manages barriers to effective communication. (DH, 2004) Keeps accurate and complete records consistent with legislation, policies and procedures. (DH, 2004) Communicates in a manner that is consistent with relevant legislation, policies and procedures. (DH, 2004) Promotes awareness of TB among local health and social care professionals and encourages them to rapidly refer all suspected cases for investigation. (RCN, 2012) Communicates with GPs and other professionals, agencies and/or a third sector organisation (TSO) at an advisory level.	Communicates with people in a form and manner that: • is consistent with their level of understanding, culture, background and preferred way of communicating • is appropriate to the purpose of the communication and the context in which it is taking place • encourages the effective participation of all involved. (DH, 2004) • Recognises and reflects on barriers to effective communication and modifies communication in response. (DH, 2004) • Provides feedback to other workers on their communication at appropriate times. (DH, 2004) • Keeps accurate and complete records of activities and communications consistent with legislation, policies and procedures. (DH, 2004)	Communicates with people in a form and manner which: - is consistent with their level of understanding, culture, background and preferred way of communicating • is appropriate to its purpose and its longer-term importance • is appropriate to the complexity of the context • encourages effective communication between all involved • enables a constructive outcome to be achieved. (DH, 2004) Anticipates barriers to communication at a strategic level and takes action to address them. (DH, 2004) Is proactive in seeking out different styles and methods of communicating to assist longer-term needs and aims. (DH, 2004) Takes a proactive role in producing accurate and complete	

Dimensions		Level descriptors			
Action areas	1	2	3	4	
CORE 2: Personal and people development	A1, A7, A8, A10	<p>procedures. (DH, 2004) Communicates in a manner that is consistent with relevant legislation, policies and procedures. (DH, 2004)</p> <p>Contributes to personal development by keeping up to date with the latest TB guidelines, and local and national strategies.</p>	<ul style="list-style-type: none"> <li>Communicates in a manner that is consistent with relevant legislation, policies and procedures. (DH, 2004)</li> <li>Produces good quality written reports; eg, annual service reports; incident investigation reports.</li> </ul> <p>Develops oneself and contributes to the development of others by training frontline workers in direct contact with those affected by TB.</p>	<p>records of the communication, consistent with legislation, policies and procedures. (DH, 2004) Communicates in a manner that is consistent with legislation, policies and procedures. (DH, 2004) Represents the views of the TB nursing service at the TBCB and contributes to local service planning and decision-making processes.</p> <p>Develops oneself and others in any areas of practice and new developments in local and national TB guidelines and strategies.</p>	
Indicators		<p>Develops own skills and knowledge in developments in the field of TB and provides information to others to help their development.</p> <p>Demonstrates specialist knowledge of microbiology, immunology and physiology, associated with TB (pulmonary, extra-pulmonary and LTB1) case management, from before diagnosis to the end of treatment. Provides mentorship for nurses new to the TB field. Maintains professional development through access to regional and national study days and courses. Shares knowledge and best practice through participation in local, regional and national networks. Can describe national guidelines and local protocols for the care, prevention, diagnosis and treatment of TB.</p>	<p>Demonstrates and maintains current expert knowledge and understanding of TB pathophysiology, microbiology and immunology and the impact on TB patients, including those with co-infections and co-morbidities. Supports and educates other members of the multidisciplinary team, including other nurse mentors. Initiates and provides skilled supervision for members of team. Assesses and participates in study days/educational events at a national and regional level, and stays up to date with current recommendations. Provides expert knowledge to other professionals, agencies and/or a TSO, identifying self as patient advocate.</p>	<p>Provides expert knowledge of all aspects of TB and case management, including any changes in recommendations in care, control or prevention. Assesses requirements for professional development among defined local TB services and identifies opportunities for these to be met. Advocates for professional development opportunities (eg, time and/or course costs) for members of defined TB services, as required. Contributes to the development of educational courses, presentations, information materials to support professional development.</p>	

Dimensions	Action areas	Level descriptors	1	2	3	4
CORE 3a: Health, safety and security	A3, A4, A6	Assists in maintaining own and others' health and security by understanding TB transmission; following infection control and prevention guidelines.	Monitors and maintains health, safety and security of self and others through effective infection control and through informing others of safe practice to reduce transmission.	Promotes, monitors and maintains best practice in health, safety and security, in collaboration with the infection control team, informing and promoting hospital policies for infection prevention and control.	Maintains and develops an environment and culture that improves health, safety and security through strategic involvement in regional/national policy-making.	
Indicators		Explains the risk factors for latent and active TB in the UK. Explains basic infection prevention to the patient/carer, to reduce further spread. If a patient is in hospital, ensure the appropriate infection prevention precautions are followed regarding isolation in a single room (if admitted), this includes: appropriate mask-wearing, cough hygiene and minimising waiting times. (NICE, 2015)	Instructs patients to observe infection prevention precautions for the first two weeks of treatment or until they are proven to be non-infectious (eg, if they have multi-drug-resistant TB (MDR-TB) or extensive pulmonary disease. (NICE, 2015) Provides accurate information for patients and their families about the risks of transmission and how any risks might be minimised. Ensures colleagues in different wards and departments, which may be used by patients with potentially infectious TB, are aware of infection prevention and control measures. (NICE, 2015) Follows recommended occupational health policies to protect themselves. (NICE, 2015)	Leads incident investigations, (eg, in response to undiagnosed cases in congregate settings – hospital wards, prisons). Works with the organisation's media team to prevent unnecessary negative messages about TB and those affected, and the management of patients being tested due to ward/staff exposure. Collaborates with hospital and community infection control teams to ensure local policies include adequate, up-to-date TB infection prevention measures and that the appropriate people are aware of and apply them in practice. Advises on infection prevention and control in complex situations outside of local policy (eg, last sputum smear is positive, no cough and cavity – gives advice on inpatient, outpatient, community isolation). Ensures all new team members follow occupational health policies for their personal protection. (NICE, 2015)	Conducts risk assessments and develops standard operating procedures for the delivery of TB testing (eg, phlebotomy) in non-clinical environments. Collaborates with/provides expert advice to TB development and review related policies, in light of new research, guidance (eg, infection prevention and control policies and occupational health).	
CORE 4: Service improvement	A1, A3, A6, A7, A8, A10	Makes changes with own practice and offers suggestions for improving practice, in line with TB guidelines and strategies.	Contributes to the improvement of services in line with TB guidelines and strategies.	Encourages feedback and suggestions from service users. Appraises, interprets and applies suggestions, recommendations and directives to improve services and	Works in partnership with others to develop, take forward and evaluate direction, policies and strategies based on TB guidelines and strategies.	

Dimensions		Action areas		Level descriptors		1	2	3	4
Indicators		Discusses with line manager, work team, TB team the changes that need to be made to their own practice and the reasons for them. (DH, 2004) Passes on constructive views and ideas on improving services for users and the public to the appropriate person. (DH, 2004) Alerts line manager, work team, TB team when direction, policies and strategies are adversely affecting users of the service or the public, especially those that maybe jeopardising the safety or confidence of the patient or their family.	Reflects on clinical practice and patient outcomes to identify areas for potential improvement and shares these with the appropriate team members to discuss how these could be applied. Attends weekly multidisciplinary team (MDT) meetings to discuss new cases, possible cases that did not attend, complex cases and contact/outbreak investigations. (DH, 2004) Contributes to local policy discussions to ensure that it is fit for purpose and relevant to the practice environment and those providing care.	based on TB guidelines and strategies. Identifies areas for improvement and leads on interventions to improve services in line with: • analysis of outcomes and evaluation of cohort review • advances in technology • updates in TB management guidelines. Monitors routes used by patients accessing the service and develops pathways to promote rapid access to ensure early diagnosis and treatment commencements. Contributes to discussions on regional and national policies and guidelines.	Demonstrates leadership at a regional and national level to ensure protocols can be applied safely and to a high standard. Supports TB teams across a defined local area to develop the service in line with advances in technology and updates in TB case management practice and guidelines. Contributes to national policy and guidelines to ensure recommendations support high-quality patient-centred care.				
CORE 5: Quality	A2, A3, A6	Maintains the quality of their own work in line with TB guidelines.	Contributes to quality improvements in line with TB guidelines and strategies.	Actively seeks to improve quality in line with TB guidelines and strategies.	Develops a culture that improves quality in line with TB guidelines and strategies.				
Indicators		Aware of, and implements, local protocols on TB control and prevention in the clinic, hospital or community environment. Informs colleagues who are unaware of these protocols and raises concerns with line manager if they are not followed.	Has a sound knowledge of, and applies, local TB protocols, policies and guidelines. Is aware of how these relate to national guidelines, including how and why they may differ. Raises concerns with line manager when guidelines and protocols are not being followed, assesses reasons behind what is happening and suggests solutions.	Assesses the service according to TB guidelines and strategies, identifies areas requiring improvement and plans to make improvements. Responds to concerns and ideas from other members of the MDT. Prioritises improvements based on potential for change in terms of resources, motivation and service organisation. Where possible, applies a problem-solving approach to identify the problem, plan an intervention and evaluate the results.	Maintains good communication with MDTs and supports them in their efforts to address concerns and make improvements. Encourages a scientific approach with a clear description of the problem, a baseline measurement of any measurable indicators, a planned and locally agreed intervention and a date set for evaluation. Mentors a team member to write up the results and publishes the report in an appropriate publication or submits for presentation at a meeting or conference.				

Dimensions		Action areas		Level descriptors		1	2	3	4
CORE 6:	A1, A3, A4, A6, A7, A8	Acts in ways that supports equality and diversity which enables access to services for all people affected by TB.	Demonstrates awareness of own beliefs, values and limitations. Demonstrates awareness and respect for customs and beliefs and how these influence a patient's attitudes and understanding. Recognises and acknowledges lifestyle risks, including substance misuse and poor living conditions. Demonstrates awareness of difficulties and challenges facing underserved/hard to reach patients. Demonstrates awareness of the needs of TB patients with co-infections and co-morbidities.	Supports equality and values diversity through supporting ECM and outreach.	Has awareness of the possible impact of traumatic events (eg, torture and migration), substance dependency and mental health on the patient's communication, ability to make decisions and form relationships. Demonstrates an understanding of cultural, social and behavioural factors in determining how TB testing, infection and disease are perceived by individuals and their carers. Identifies factors, including experience of health and social care in other countries, cultural traditions, beliefs, and religious holidays, that may create barriers to accessing the health and social care system in the UK and accepting TB diagnosis and treatment.	Feeds findings into local protocols, policies and guidelines.	Promotes equality and values diversity through ECM and collaborative working, to ensure accessible prevention strategies.	Ensures findings are fed back to the TBCB and into TB guidelines and strategies	
Indicators							Applies knowledge of the role of cultural, social and behavioural factors in determining the delivery of TB services. Is able to assess and respond to the impact of traumatic events (eg, torture and migration), substance dependency and mental health on the patient's communication, ability to make decisions and form relationships. Works to ensure that TB services take account of cultural, social and behavioural factors which determine how TB testing, infection and disease are perceived by individuals and their carers. Identifies and engages with patients with difficult and challenging behaviours and ensures their needs are met.	Collaborates with commissioners, local authority departments (such as public health, housing, environmental health and social care) and local TSOs to ensure the local TB epidemiology is understood and services organised in such a way to ensure prompt referral and adequate treatment for people affected by TB.	
<b>Health and wellbeing (HWB): Competences specific to patient-centred prevention, diagnosis and treatment of TB</b>									
HWB1: Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing	A4, A5, A6, A8	Contributes to promoting TB awareness and reducing transmission by being able to explain the rationale behind TB prevention measures, such as BCG and screening high-risk groups.		Plans, develops and implements approaches to promote TB awareness and reduce transmission and diagnostic delay.			Plans, develops, implements and evaluates programmes to promote TB awareness and reduce transmission and diagnostic delay.	Promotes TB awareness and reduces TB transmission through contributing to the development, implementation and evaluation of related policies.	

Dimensions		Level descriptors			
Action areas	1	2	3	4	
Indicators	Demonstrates awareness of common beliefs and attitudes associated with TB. Assesses the patient's basic understanding of TB transmission, presentation and treatment. Provides appropriate materials according to the patient's information needs - referring more complex questions to an appropriate member of the TB team. Actively supports and empowers the patient to achieve the best possible health outcomes according to their personal circumstances. Identifies need for, and facilitates access to, specialist support groups such as AA, TB Alert and smoking cessation services.	Offers guidance and appropriate support to patients regarding lifestyle changes while taking TB medication (eg, smoking, nutrition, alcohol). Educates and prepares patients for tests as well as treatment. (DH, 2004) Has comprehensive knowledge of the range of TB education resources available and incorporates these into patient care plans. Adapts TB health promotion strategies that could be used with patients and in the wider community (eg, World TB Day events).	Identifies and supports patients whose choices may impact their treatment outcome and adversely affect the wider community. Understands the criteria against which patients judge the effectiveness of health interventions in order to deliver effective patient education. Identifies and works to address gaps in educational support required by patients, whether it is in language, content or format. Helps to plan local health promotion activities in collaboration with appropriate health and social care agencies, primary care colleagues, prisons and TSOs, to increase recognition and referral of possible TB cases for investigation (RCN, 2012) and reduce diagnostic delay.	Alerts decision makers to issues that will affect health and wellbeing and may harm efforts to manage TB. (DH, 2004) Offers constructive solutions to tackle these issues and produces clear and concise arguments for decision makers that outline the benefits of improving health and wellbeing and the risks of not doing so. (DH, 2004) Drafts inputs to policy documents that are consistent with evidence and strategic priorities and help decision makers move forward (DH, 2004) (eg, policies to improve uptake of BCG vaccination (NICE, 2015), implements LTBi programmes (PH & NHSE, 2015), or addresses complex needs to USPs. (PH & NHSE, 2015) Evaluates the impact of policies on improving the health and wellbeing of the population concerned. (DH, 2004)	
HWB2: Assessment and care planning to meet health and wellbeing needs	Assist in the assessment of people's emotional, physical, social and psychological needs in relation to their response to the diagnosis and their potential for completing treatment.	Contributes to the assessment of people's emotional, physical, social and psychological needs in relation to their response to the diagnosis and their potential for completing treatment, and planning how to meet those needs.	Assesses people's emotional, physical, social and psychological needs in relation to their response to the diagnosis and their potential for completing treatment and develops, monitors and reviews care plans to meet specific needs.	Assesses complex emotional, physical, social and psychological needs in relation to their response to the diagnosis and their potential for completing treatment and develops, monitors and reviews care plans to meet specific needs.	
Indicators	Demonstrates an understanding of the holistic needs of patients with TB and their families. With guidance, completes holistic and clinical patient assessment to include psycho-	Undertakes initial interview with each new referral to the TB service and triages as appropriate. (RCN, 2012) Undertakes holistic patient assessment, including	Supervises and monitors triage for all referrals. (RCN, 2012) Has advanced assessment skills, to include physical assessment and reading of a chest x-ray, according to local protocols.	Identifies complex needs and devises an appropriate care plan in collaboration with the patient and the various agencies and services who need to be engaged to adequately meet the needs identified.	



Dimensions	Action areas	1	2	3	4
HWB3	A3, A5, A6, A7	social factors, risk factors and co-morbidities using standard documentation. Accurately records findings and makes appropriate onward referral to TB and other services. Identifies any barriers to completing treatment and, where necessary, provides or supervises directly-observed therapy (DOT).	psycho-social factors, co-morbidities and interpretation of results; accurately records findings and any referrals made. Takes particular care in assessing each patient for any potential risk factors for MDR-TB and refers for appropriate tests. (NICE, 2015) Identifies knowledge, lifestyle choices, customs and beliefs that may lead to missed clinic appointments and/or non-adherence with TB medication. Is familiar with criteria for standard and ECM, and undertakes a risk/needs assessment prior to identifying patients requiring ECM (including DOT). (DH, 2004; NICE, 2015) Assesses housing circumstances of each patient, preferably during a home visit, and works with the MDT to address any housing problems which are likely to adversely affect a patient's ability to access investigations, attend clinic and complete treatment. (DH, 2004)	Provides advice on the production of local assessment protocols with reference to NICE guidance. (NICE, 2015) Exercises professional judgement and uses critical appraisal when making health assessments. Autonomously plans, co-ordinates and monitors care for patients requiring ECM. Identifies housing issues and liaises with relevant local housing agencies and services on behalf of individual patients to advocate for more stable housing.	Co-ordinates the delivery of care plans across the caseload and feeds-in relevant information to support wider service planning. (DH, 2004) Monitors the implementation of care plans and makes changes to better meet people's complex health and wellbeing needs. (DH, 2004) Identifies housing issues which impact on the delivery of effective TB services across the caseload and raises these with local housing authorities, both directly and through health and wellbeing boards.
HWB3: Indicators		Recognises and reports situations where there might be a need for protection for the patient, their family, friends or community. Identifies patients at risk of non-adherence and cascades concerns. Is aware of, and flags up to specialist nurses, patients who may have problems attending for follow-up investigations and	Understands the risks posed by TB in different situations and contributes to protecting people at risk. Follows up all possible new cases (prioritising those known to have sputum smear positive pulmonary TB), people with positive interferon gamma release assay (IGRA) and contacts those who fail to attend	Implements aspects of a protection plan according to the risk identified and reviews its effectiveness. Plans and risk assesses community situations to include: <ul style="list-style-type: none"> <li>cluster investigation</li> <li>outbreak management</li> <li>TB incident management and investigation with the PHE.</li> </ul>	Develops and leads on an overall protection plan according to the risks identified. Works in partnership with others to identify and assess: – the nature, location and seriousness of risks <ul style="list-style-type: none"> <li>the problems that need to be addressed</li> </ul>

Dimensions	Action areas	Level descriptors	1	2	3	4
		<p>treatment.</p> <p>Explains contact-tracing process and provides reassurance, especially around confidentiality.</p> <p>Collates information on possible contacts while protecting patient privacy.</p>	<p>an appointment (RCN, 2012) for investigation, DOT or follow up.</p> <p>Has knowledge of microbiology and radiology as determinants of levels of infectivity and establishes infectious period.</p> <p>Demonstrates sensitivity regarding the impact of TB, disease reporting and contact investigation.</p> <p>Takes history of regular, spontaneous and infrequent activities, with awareness of cues and skilled communication to elicit relevant information.</p> <p>Arranges screening and contact investigation according to NICE guidelines (RCN, 2012; NICE, 2015) and with knowledge of criteria for close and extended contacts.</p> <p>Records and collates outcomes of contact investigation in patient records and for cohort review.</p> <p>(RCN, 2012)</p> <p>Consults senior nurse colleagues to interpret outcomes of contact investigation as necessary.</p>	<p>Carries out risk assessments in congregate facilities.</p> <p>Interprets outcomes of contact investigations and analyses requirements for extended contact investigations.</p> <p>Consults and refers to PHE appropriately.</p>	<ul style="list-style-type: none"> <li>the factors that might be causing the problems</li> <li>priorities</li> <li>legislative, policy and procedural requirement. (DH, 2004)</li> </ul> <p>Collaborates with appropriate partners to develop a protection plan, including specific actions required by whom and when. (DH, 2004)</p> <p>Maintains an ongoing accurate record of risks and interventions, and evaluates effectiveness of intervention plans. (DH, 2004)</p>	
HWB4: Enablement to address health and wellbeing needs	A3, A6, A7	<p>Helps people meet daily health and wellbeing needs, including adherence to medication.</p>	<p>Enables people to meet ongoing health and wellbeing needs to make a full recovery from TB.</p>	<p>Enables people to meet specific and complex needs in relation to health and wellbeing, to make a full recovery from TB.</p>	<p>Empowers people to realise and maintain their potential for health and wellbeing by advocating patient-centred approaches to strategic planning.</p>	
Indicators		<p>Involves the patient and their family in the care planning process.</p> <p>Agrees a suitable environment to meet patients to assess them and deliver care, acknowledging</p>	<p>Discusses the importance of, and identifies barriers to, attending for tests, keeping appointments and taking TB medication.</p> <p>Applies specialist knowledge of the variables that affect a</p>	<p>Demonstrates expert skills to engage patients with complex needs in the diagnostic process and the relevant treatment pathway: TB, DR-TB or LTBI.</p> <p>Influences local authority and</p>	<p>Reviews key performance indicators, such as uptake of LTBI treatment and treatment outcomes, to assess the ability of patients to access services and remain on the treatment pathway.</p>	

Dimensions	Action areas	1	2	3	4
		<p>their individual needs.</p> <p>Demonstrates awareness of the variables that affect a patient's adherence.</p> <p>Provides support and information to the patient, carers and family.</p> <p>Works within an agreed framework to give patients information on adherence</p>	<p>patient's adherence and tailors incentives and enablers to the individual, with a clear agreement and written details of what can be expected and when. (RCN, 2012)</p> <p>Develops and agrees care plan with patient and works with appropriate partners to support patients on the TB treatment pathway according to their needs. (RCN, 2012; NICE, 2015)</p> <p>Demonstrates knowledge of the strategies to improve patient adherence.</p> <p>Recognises signs that people on self-administered treatment may not be adhering to treatment. (RCN, 2012)</p>	<p>public health partners to provide individualised care packages to support adherence to those otherwise ineligible through established government systems. (RCN, 2012)</p> <p>Builds specialist skills and knowledge to manage cases in detention centres and prisons, when there is no recourse to public funds, with complex co-morbidities, such as mental health problems and/or substance dependency as required.</p> <p>Contributes to national guidelines and local protocols to support high quality patient-centred care and case management.</p>	<p>Identifies potential barriers and works with colleagues to develop strategies to address them.</p> <p>Lobbies at a local and regional level for TB service specifications, to include processes to provide support for people with complex housing and social needs.</p>
HWB5: Provision of care to meet health and wellbeing needs	A3, A6	<p>Undertakes care activities to meet an individual's health and wellbeing needs and support them through TB tests and treatment.</p>	<p>Undertakes care activities to meet the health and wellbeing needs of individuals with a greater degree of dependency from before diagnosis until the end of treatment.</p>	<p>Plans, delivers and evaluates care to meet people's complex health and wellbeing needs from before diagnosis until the end of treatment.</p>	<p>Plans, delivers and evaluates care to meet people's complex health and wellbeing needs and ensures local, regional and national strategies support patient-centred care.</p>
Indicators		<p>In a ward environment, is the named nurse for an individual patient and their carer/family.</p> <p>Evaluates the psychological impact of a TB diagnosis on patients and their families and supports them to deal with stigma and anxiety.</p> <p>Recognises referral pathways - occupational health, anti-TNF screens (and other areas caring for people who are immunocompromised), GP and self-referrals, as well as contact tracing, new entrant screening</p>	<p>Provides case management for standard TB cases including DOT, holistic assessment, contact investigation, care planning, and support and documentation. (RCN, 2012)</p> <p>Provides case management of people on LTBI treatment including education, assessment, care planning, treatment, documentation and reporting of treatment outcomes. (RCN, 2012)</p> <p>Able to articulate interventions that differentiate between standard and ECM.</p>	<p>Provides ECM for patients with complex psychosocial and clinical needs eg, those with NRPf, multiple comorbidities impacting on treatment and adherence.</p> <p>Actively engages in partnership-working required to support patients on a TB treatment pathway.</p> <p>Knowledge of care pathway and interventions to address complex psychosocial needs of patients with suspected, or confirmed, TB (ECM).</p>	<p>Provides highest possible quality of care to those with the most complex needs.</p> <p>Advocates for the TB service specification to support patient-centred case management.</p> <p>Monitors case management across the caseload, supervises and supports staff facing particular difficulties.</p> <p>Identifies one-off or recurring problems and addresses these with the appropriate colleagues; escalates the response to involve trust management, as necessary,</p>

Dimensions		Level descriptors			
Action areas	1	2	3	4	
	and custodial institutions. Supervises directly observed therapy.	<p>Arranges and provides DOT in a way which is practicable and acceptable for the patient considering a variety of possible options, such as community-based DOT; the involvement of allied health and social services; extended clinic hours. (RCN, 2012)</p> <p>Identifies and works with local partners (both new ones and those already working with the patient) to support TB patients through treatment completion, such as primary health care, housing, drug and alcohol teams. Identifies individuals who fall outside of standard pathways/ protocols and refers on appropriately (eg, pregnancy). Refers patients transferring overseas to local health care providers, via PHE and makes arrangements to obtain the treatment outcome.</p>	<p>Changes supervision arrangements based on patient progress (eg, transfers patients who have demonstrated good adherence from DOT to SAT). Ensures that anyone who refuses DOT, is aware of their responsibilities and elicits the patient's intentions regarding their treatment, which are recorded in their nursing and medical records. (RCN, 2012). If, after all attempts, the patient refuses treatment, the necessary public health interventions are initiated.</p> <p>Provides expert level advice on the management of patients with complex needs who fall outside standard diagnostic pathways/ protocols and influences treatment plans specific to the patient's need.</p> <p>Understands and utilises appropriate interventions to support TB patients with complex psychosocial needs.</p> <p>Ensures effective referral of patients requiring specialist support services.</p>	<p>if a situation arises which becomes unsafe for patients and/or staff.</p> <p>Highlights relevant issues to the TBCB and/or other organisations which may be able to help address a particular recurring barrier to effective case management.</p>	
HWB7: Interventions and treatments	A3, A5, A6, A8	<p>Contributes to planning, delivering and monitoring interventions and/or treatments for drug-sensitive TB and LTBI and any adverse drug effects, as appropriate.</p>	<p>Plans, delivers and evaluates interventions and/or treatments for all forms of TB and LTBI, when there are complex issues and any adverse drug effects.</p>	<p>Plans, delivers and evaluates interventions and/or treatments in complex situations and monitors interventions and/or treatments for the whole caseload.</p>	
Indicators	Develops knowledge of the pharmacokinetic and pharmacodynamics properties	Distinguishes between different treatment pathways and risk assessments for LTBI, pulmonary	Expert knowledge of the pharmacokinetic and pharmacodynamics properties of	Monitors treatment in complex cases and supervises others. Supervises and supports staff in	

Dimensions	Action areas	Level descriptors	1	2	3	4
	<p>of first line drugs used to treat TB and LTBI.</p> <p>Understands the principles of accountability in medicines management.</p> <p>Keeps accurate records.</p> <p>Can explain the benefits and any adverse drug effects of standard medicines used to treat TB and LTBI to patients, carers and other health care professionals.</p> <p>Advises the patient who they should contact if problems arise.</p> <p>Ensures the treatment plan is understood and is being followed by patient/carer.</p> <p>Assesses for complications or adverse effects associated with TB drug therapy that may impact on the patient's ability to adhere to treatment - reassures the patient and refers appropriately.</p> <p>Documents and reports adherence issues.</p>	<p>and extra-pulmonary TB.</p> <p>Has knowledge of the pharmacokinetic and pharmacodynamics properties of drugs used to treat LTBI, drug-sensitive TB and resistant TB.</p> <p>Monitors and evaluates the response to treatment, documenting resolution of symptoms, bacteriologic examinations and other clinical makers based on the site of disease.</p> <p>Explains the benefits and any side effects to the patient and carers, distinguishing between mild and severe adverse effects.</p> <p>Provides advice within competence, and according to locally agreed protocols, to discontinue and re-commence treatment, making appropriate referrals and accurately recording any treatment changes.</p> <p>Manages mild adverse effects (eg, those which are self-limiting or can be relieved with over-the-counter remedies) by providing support and advice on self-management.</p> <p>Escalates adherence issues promptly and appropriately, and follows up anyone who fails to attend an appointment according to local RTS protocols.</p> <p>Informs local TB lead or specialist outreach teams if patient does not return to care. (RCN, 2012)</p> <p>Demonstrates ability to adjust</p>	<p>drugs used to treat LTBI, drug-sensitive and resistant TB.</p> <p>Provides advice on interpretation of microbiological reports and treatment regimens.</p> <p>Based on the local model, undertakes duties, including non-medical prescribing or the development of patient group directions.</p> <p>Advises other members of the MDT on TB medicines management, including any concerns regarding supplies.</p> <p>Works with the local drugs and therapeutics committee to develop protocols and shared-care guidelines.</p> <p>Facilitates learning development of professionals (including nurse team) through non-medical prescribing.</p> <p>Applies evidence base in prescribing practice.</p> <p>Makes referral to medical prescriber where appropriate/out of scope.</p> <p>Demonstrates ability to articulate the evidence base for drug therapy and changes patient care accordingly.</p> <p>Provides shared care safely, when required (eg, MDR-TB case management).</p> <p>Has the authority to recommend changes to other medication regimes (eg, methadone and liaises with appropriate services accordingly).</p>	<p>clinical decision-making regarding changes in treatment.</p> <p>Ensures appropriate level of knowledge on the pharmacokinetic and pharmacodynamics of anti-TB medication is attained and maintained by less experienced team members.</p> <p>Flags up any concerns regarding drug supplies to the appropriate authorities.</p> <p>Keeps abreast of drug developments in the wider TB field.</p> <p>Monitors the application of public health law and contributes to local, regional and national protocols with regard to invoking the law.</p>		

Dimensions	Action areas	Level descriptors	1	2	3	4			
<p>HWB8: Biomedical investigation and intervention</p> <p>Indicators</p>	<p>A3, A5, A6, A8</p> <p>Undertakes tasks to support biomedical investigations and/or interventions.</p>	<p>treatment and interventions for standard and ECM, according to the patient's needs, throughout the investigation and treatment pathway.</p> <p>Maintains accurate documentation, including the decision-making process</p> <p>Undertakes and reports on biomedical investigations and/or interventions, and liaises with laboratory services as appropriate.</p>	<p>Undertakes tasks to support biomedical investigations and/or interventions.</p>	<p>Demonstrates awareness of pulmonary and extra pulmonary TB presentation.</p> <p>Describes standard diagnostics recommended to primary care as per NICE guidelines.</p> <p>Follows directions on the selection and use of diagnostic and assessment tools and the local protocols available to identify latent and active TB.</p> <p>Able to explain the basic investigations for latent and active TB:</p> <ul style="list-style-type: none"> <li>• AFB smear microscopy and culture</li> <li>• chest X-ray</li> <li>• tuberculin skin test/ Mantoux</li> <li>• IGRA.</li> </ul> <p>Requests IGRA blood tests and explains actions based on results.</p> <p>Undertakes IR(ME)R training and requests a chest X-ray according to agreed TB protocols.</p>	<p>Instigates a multiagency meeting to assess the requirement to invoke public health law.</p> <p>Understands the legal framework for Part 2a orders according to agreed local processes and protocols, and can present a clinical case for the courts.</p> <p>Plans, undertakes, evaluates and reports biomedical investigations and/or interventions; liaises with laboratory services as appropriate.</p>	<p>Plans, undertakes, evaluates and reports complex biomedical investigations, and builds a strong working relationship with laboratory services.</p>	<p>Plans, undertakes, evaluates and reports biomedical investigations and/or interventions; liaises with laboratory services as appropriate.</p> <p>Explains results of investigations used to diagnose active or latent TB infection and refers for specialist advice in complex cases.</p> <p>Supports other health professionals in interpretation of diagnostic test results, as required.</p> <p>Describes and orders the appropriate tests required to diagnose and monitor patients receiving treatment for drug-sensitive and drug-resistant TB.</p> <p>Can recognise abnormal and unexpected findings and takes appropriate action.</p> <p>Maintains good communication with laboratory services to highlight urgent specimens and ensures prompt feedback of results which might be of concern.</p>	<p>Assesses each new patient referred to the TB service and orders and records the results of appropriate tests prior to the patient seeing a physician. (NMC, 2015)</p> <p>Interprets results of investigations used to diagnose active or latent TB infection and to refer for specialist advice if appropriate.</p> <p>Understands blood borne virus tests and the implications of a positive result for TB management.</p> <p>Conducts and interprets findings of vision testing (Snellen and Ishihara).</p> <p>Recognises and reports any abnormal findings.</p> <p>Has knowledge of tests during the treatment phase and timely refers to MDT to prevent delays with treatment decisions.</p> <p>Consults the multidisciplinary team to interpret clinical reports</p>	<p>Plans, undertakes, evaluates and reports complex biomedical investigations, and builds a strong working relationship with laboratory services.</p> <p>Contributes to, and monitors, local protocols regarding the ordering of tests, collection of samples and feedback of results.</p> <p>Works with the MDT and liaises with laboratory services to ensure that any issues which arise that cause delays in the diagnostic process (eg, slow feedback of results, insufficient samples or poor documentation) are identified and dealt with promptly.</p> <p>Ensures process is in place and maintained to allow prompt communication of results, especially those which need urgent follow-up.</p> <p>Keeps up to date with advances in diagnostic processes in the wider TB field.</p>

Dimensions		Action areas		Level descriptors		3	4
				Has sufficient knowledge to conduct vision testing (Snellen and Ishihara). Completes all request forms clearly and accurately.	outside own knowledge.		
<b>General competences for effective management</b>							
GENERAL 6: People management	A10	Supervises the work of people who may not be familiar with TB management protocols.	Plans, allocates and supervises the work of the TB case management team.			Co-ordinates and delegates work; reviews people's performance within the TB case management team.	Plans, develops, monitors and reviews the recruitment, deployment and management of the TB case management workforce.
Indicators		<p>Advises and supervises less knowledgeable colleagues on safe practices for the prevention, diagnosis and treatment of TB, according to their role and responsibilities.</p> <p>Reports negative attitudes, stigmatising behaviour or poor practice which may affect a patient's trust or confidence in the service and leads them not to participate in the diagnostic or treatment process.</p>	<p>Participates in peer support and reviews to ensure any concerns which affects the team's ability to provide good quality case management, across the caseload, is addressed promptly. If working alone, establishes peer support and reviews with appropriate nurses from other departments.</p> <p>Ensures workload is evenly distributed among team members, according to the complexity of the cases and geographical location of the cases.</p>			<p>Supervises case load to ensure all cases are covered and assigned appropriately.</p> <p>Encourages prompt reporting of issues affecting someone's ability to carry out care as planned, addresses issues and reassigns work if necessary.</p> <p>Demonstrates ability to develop effective, harmonious teams with shared values and respect for all members and is capable of resolving conflicts.</p> <p>Contributes to the development of relevant KPIs which will be used to monitor the performance of the team.</p> <p>Engages, empowers and inspires team to meet shared goals and KPIs.</p> <p>Undertakes performance reviews, develops the roles of different team members in an effective organisational structure and according to service requirements.</p> <p>Implements effective succession planning.</p> <p>Deputises for a senior nurse.</p>	<p>In consultation with relevant others, develops clear plans for the recruitment, deployment and management of people to provide patient-centred TB case management and prevention services, in a given area and according to local TB service specifications. (DH, 2004)</p> <p>Implements and monitors methods, processes and systems for recruiting, deploying and managing people to provide patient-centred TB case management and prevention services including:</p> <ul style="list-style-type: none"> <li>• performance reviews</li> <li>• identification of current problems or issues</li> <li>• prediction of future needs and assessment of capacity to meet them. (DH, 2004)</li> </ul> <p>Provides appropriate support to others to improve their knowledge and understanding of people management. (DH, 2004)</p> <p>Deputises for a senior nurse.</p>

Dimensions	Action areas	Level descriptors	1	2	3	4
GENERAL 7: Capacity and capability	A1, A7, A8, A10	Sustain capacity and capability of colleagues to follow local TB management protocols.		Facilitates the development of capacity and capability of the case management team and those supporting them.	Contributes to developing and sustaining capacity and capability of the case management team and other stakeholders involved in meeting the broader needs of patients.	Works in partnership with local CCGs, the regional TBCB and PHE, to develop and sustain capacity and capability.
Indicators		<p>Identifies health, social and voluntary sector staff with an interest in TB.</p> <p>Establishes a working relationship with MDT and has identified people to contact for advice.</p> <p>Identifies opportunities to join effective networking groups.</p> <p>Demonstrates awareness of the role and function of Public Health England.</p> <p>Demonstrates awareness of specialist outreach and regional TB teams.</p>	<p>Attends weekly MDT meetings to discuss new cases, possible cases who did not attend, complex cases and contact/outbreak investigations. (RCN, 2012)</p> <p>Maintains and expands multiagency working.</p> <p>Fosters close working relationships with health, social and voluntary sectors.</p> <p>Maximises the use of effective networking across social and health care boundaries.</p> <p>Attends and participates in regional network.</p> <p>Has a collaborative relationship with Public Health England and understands their roles and responsibilities.</p> <p>Makes and receives referrals from multiagency partners (eg, regional TB teams, offender health, substance misuse services and other health and social care organisations).</p> <p>Applies clinical-decision making skills within the current national guidelines.</p>	<p>Organises weekly MDT meetings to discuss new cases, possible cases who did not attend, complex cases and contact/outbreak investigations. (RCN, 2012)</p> <p>Demonstrates high level decision-making skills when guidance is unclear or not available.</p> <p>Demonstrates autonomous practice.</p> <p>Develops collaborate working practices with multiagency partners (eg, regional TB teams, London Mobile x-ray unit, find and treat, offender health, substance misuse services.</p> <p>Develops new working relationships with health, social and voluntary sectors.</p> <p>Influences local service provision by TB nursing leadership and participates in multidisciplinary projects.</p> <p>Initiates new networking opportunities through meeting people working at regional level in other specialist areas. (RCN, 2004)</p>	<p>Contributes to the agreement of local TB service specifications.</p> <p>Works with others to identify and agree an analysis of the current position, and anticipated future demands, which make it necessary to build capacity and capability to comply with local service specifications and national TB strategies and guidelines.</p> <p>Works with others to produce plans that are likely to be effective in meeting the purpose of capacity and capability development given the current position and using innovative solutions, where appropriate. (DH, 2004)</p> <p>Negotiates with others to put in place resources and mechanisms to implement and support effective capacity and capability development. (DH, 2004)</p> <p>Evaluates the effectiveness of capacity and capability development to make adjustments as, and when, they are necessary, in agreement with others. (DH, 2004)</p>	



Dimensions		Action areas		Level descriptors		1		2		3		4	
Information and knowledge (IK)													
IK 1	Information collection and analysis	A6, A7, A8, A9	Collects, collates and reports routine and simple data information.	Gathers, analyses and reports data and information sufficient for local cohort review.	Gathers, analyses, interprets and presents extensive and/or complex data and information for local cohort review, service evaluation and lobbying purposes.	Plans, develops and evaluates methods and processes for gathering, analysing, interpreting and presenting data and information for local cohort review, service evaluation and lobbying purposes.							
Indicators			Attends and contributes to cohort review. Demonstrates awareness of, and assists with, the notification of active TB cases. Demonstrates awareness of additional local documentation systems for TB, such as enhanced TB surveillance (ETS) and/or the London TB Register (LTBR).	Has sound knowledge of all documentation and reporting requirements for effective case management. Arranges notification of new cases and records outcomes of all assigned patients that have started treatment. (RCN, 2012) Ensures all information on assigned patients required for cohort review is collected and entered correctly. (RCN, 2012) Participates in cohort review meetings.	Ensures all new cases are notified and treatment outcomes are recorded and reported. (RCN, 2012) Monitors and analyses routes of referral in order to inform targeted awareness raising and case finding activities. (RCN, 2012) Understands and implements cohort review and ensures all information required is collected and entered correctly. (RCN, 2012) Analyses KPI, activity and cohort review data and develops action plans to improve performance and patient experience. Supports junior colleagues to prepare and present at cohort review meetings. Writes up key findings for presentation and/or publication. Keeps up to date with PHE fingertips data for the local area.	Collates and analyses cohort review and other data, such as the PHE fingertips data (CFWI, 2015) uptake of performance of LTBI screening and treatment services. Identifies current issues and future needs, and identifies possible solutions. (DH, 2004) Ensures that users of data and information analysis and presentation, are given the appropriate support in their effective use. (DH, 2004) Uses own knowledge, skills and experience to influence the information collection and management of others. (DH, 2004) Chairs cohort review meetings. Writes up key findings for presentation/publication; encourages and supports others to do the same.							

# Abbreviations

- BCG – Bacillus Calmette-Guérin vaccine
- CCG – Clinical commissioning group
- DOT – Directly observed therapy
- ECM – Enhanced case management
- GP – General practitioner
- GPN – General practice nurse
- HIV – Human immunodeficiency virus
- IGRA – Interferon Gamma Release Assay
- KSF – Knowledge and Skills Framework
- KPI – Key performance indicators
- LTBI – Latent tuberculosis infection
- MDR-TB – Multi-drug resistant tuberculosis
- MDT – Multidisciplinary team
- NHS – National health service
- NHSE – National Health Service England
- NICE – National Institute of Health and Clinical Excellence
- NMC – Nursing and Midwifery Council
- PHE – Public Health England
- RCN – Royal College of Nursing
- RTS – Return to service
- SAT – Self-administered treatment
- TB – Tuberculosis
- TBCB – Tuberculosis Control Board
- TSO – Third sector organisation
- USP – Underserved populations

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# Appendix

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The RCN represents nurses and nursing, promotes  
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