Infection prevention and control (IPC) is vital in quality improvement and patient safety agendas. Media attention and public awareness of healthcare-associated infections has led to a sea change in the perception and expectations of professionals working in this field.

Traditionally, IPC has been seen as the responsibility of a small number of designated individuals based in the acute healthcare sector, but practitioners in this field now come from a range of professions and occupations, bringing skills and knowledge from their own spheres of practice. However, they still require key competencies so they can practise safely and with clinical credibility in the IPC arena.

The Infection Prevention Society (IPS) recently produced a set of core competencies to define and enhance the practice of IPC staff. These were developed in partnership with all four UK governments, Skills for Health and the Council of Deans, through a national steering group chaired by the chief nursing officer for Scotland, Ros Moore. The competency framework is based on clinical practice (six competencies), education (four competencies), research (three competencies), and leadership and management (four competencies).

Each competency comprises a statement and performance indicators, as well as the knowledge, understanding and skills needed to meet it, and alignment to Skills for Health, National Occupational Standards and The NHS Knowledge and Skills Framework (Department of Health, 2004).

The competencies may be used in various ways by a range of professionals, be they recently appointed IPC practitioners, managers of healthcare services, educational commissioners and providers, or practitioners working at or near advanced level of practice. Organisations looking to develop staff to drive forward the IPC agenda may also find them useful.

Practitioners can carry out a self-assessment of their competence level in any of the competencies relating to their work. This enables them to identify their learning needs and develop a strategy to meet them by planning learning and development activities in a defined timescale. The self-assessment grid may also be used with managers to aid professional development planning, for example, agreeing on the evidence that would be acceptable to demonstrate competence in an area or discussing the availability of opportunities for particular professional development activities.

Demonstrating competence in clinical practice is a key part of professional development. This framework provides a tool enabling practitioners to show they have the skills and ability to practise safely and effectively leading to ever-higher standards of care being delivered to patients.

Implement the ANTT national standard today

Standardising procedures in healthcare has benefits for staff and patients. Establishing a national standard means all nurses know what is expected of them in any hospital and, with a high level of mobility among NHS staff, it limits the impact of this on patient care.

Since we first published an article on Aseptic Non Touch Technique 10 years ago, this practice framework has been adopted by many organisations across the UK; we profile its development on page 12.

This key area of care needs a standard more than others as the risk of spreading infection is high during invasive procedures. With research showing that implementing ANTT reduces healthcare-associated infections, there should be no delay in adopting what is now established as the national standard for aseptic technique. If your organisation has not done so, ask them why.

The competency framework is available at www.ips.uk.net

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Reference