Public Health: Health Protection

Tuberculosis (TB) Nurse Competency Framework

HSE Public Health: Health Protection, 2025

To Protect and Prevent

A chosaint agus a chosc

Table of Contents

Tuberculosis Nurse Competency Framework. V1

(Adapted from the RCN-UK (2017) Framework)

Introduction

The incidence of tuberculosis (TB) has increased in Ireland in recent years reversing a stable or declining trend. [1] The increasing incidence of TB poses major challenges on achieving the World Health Organisation (2015) vision for *a 'world free of TB'*.

The first Irish TB strategy '*Striving to End Tuberculosis A Strategy for Ireland 2024 – 2030*' [2] was published on the World TB day, 2024. The strategy sets out the Vision that 'Ireland achieves the WHO End TB Strategy goal of TB elimination by removing the barriers that people face in accessing diagnostic and therapeutic services, optimising outcomes for individuals with TB and wider society'.

To achieve the vision[2] to eliminate TB in Ireland, the principles guiding the strategy are *Health equity, total care, innovative and agile working, collaboration.*

In order to realise our vision, the national TB strategy has identified six priorities (P1-P6) that are essential to enable implementation of the Strategy.

1. To address the social determinants of TB.
2. To improve the prevention of TB.
3. To improve the detection of people with TB.
4. To improve the care of people with TB.
5. To strengthen the multidisciplinary TB workforce.
6. To improve TB advocacy, knowledge and awareness

Developing the multi-disciplinary TB workforce is one of the essential priorities to focus on, that compliments and are inter-related to the other five priorities to enable implementation of the strategy. Specifically, objective 5.1 is "to strengthen workforce planning to meet the needs of the national TB programme". The approach involves to

- Build capability of TB nursing workforce
- Set up public health TB Nurse Network (TNN) forum
- Multi-disciplinary engagement of CPHMs-HP, ADPHs and others

The TB Nurse Network is a professional interest group set up (2024) initially of health protection (HP) nurses involved in TB contact and case management. The purpose of the group is to provide a forum to share and learn knowledge, experience, and skills as well as to utilise internal resources and other reputed international agencies. It is anticipated that the TNN membership overtime will include nurses involved in the care of patients with TB and their contacts from the acute and community service.

The health protection nurses, utilising their unique knowledge and skills has a significant role in the delivery of the consultant led public health TB service along with the multi-disciplinary team.

To plan development of the Public Health (PH) TB workforce, establishing a baseline on awareness of underlying concepts on PH management of TB and training needs is required.

The RCN TB Nurse Competency Framework

The Royal College of Nursing (RCN) UK, TB Nurse competency framework (2017) [3] is a well-recognised professional resource that was considered and used for planning workforce development. The RCN framework specifies the Competence that apply along with Level descriptors: of which level-1 describes the indicators at beginner or entry level. The RCN framework illustrates competence under four major themes:

- **Core dimensions**
- **Health and Wellbeing**
- **General (People management, capacity and capability)**
- **Information collection and analysis**

The RCN framework [3] was adapted to the Irish context with input from the Chair of the National TB Advisory Committee (Dr Mary O Meara), linking with the National TB Strategy (2024-2030), and the six priorities (P1-P6), that were identified crucial to aid strategy[2] implementation.

In Phase 1 of the workforce development, the RCN TB framework was used to inform relevant competencies and adapted to Irish context. The four themes as in the RCN framework (2017) is retained, however the descriptors and indicators updated to reflect local needs and health service delivery in Ireland, Table 1. The dynamic framework will be revised as the service and knowledge base evolves.

Table 1. TB Nurse competency Framework - descriptors

Theme	**Descriptor**
Core: 1. Communication	Communicates with TB contacts and colleagues on TB transmission, prevention and management.
Core: 2. People and personal development	Contributes to personal development by keeping up to date with the latest TB guidelines, and local and national strategies.
Core: 3. Health safety and security	Assists in maintaining own and others' health and security by understanding TB transmission; following infection control and prevention guidelines.
Core: 4. Service improvement	Makes changes with own practice and offers suggestions for improving practice, in line with TB guidelines and strategies.
Core: 5. Quality	Maintains the quality of their own work in line with TB guidelines.
Core: 6. Equality, diversity and inclusive	Acts in ways that supports equality and diversity which enables access to services for all people affected by TB.
Health and wellbeing (HWB) 1. Promotion of health and wellbeing and prevention of adverse effects on HWB.	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.
HWB 2. Assessment and planning to meet HWB 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.
HWB 3. Control and prevention.	Recognises and reports situations where there might be a need for protection for the patient, their family, friends or community.
HWB 4. Enablement to address HWB needs.	Helps people meet daily health and wellbeing needs, including adherence to medication.
HWB 5. Interventions and treatment	Assists in providing interventions and/or treatments for TB.
HWB 6. Biomedical investigations and intervention.	Undertakes tasks to support biomedical investigations and/or interventions.
General (G). 1. People management.	Supervises the work of people who may not be familiar with TB management protocols.
G 2. Capacity and capability.	Sustain capacity and capability of colleagues to follow local TB management protocols.

Information collection and analysis (**I**), 1.	Collects, collates and reports routine and simple data information.

Self-assessment

To aid systematic collection of data on baseline awareness of the competency, indicators and learning needs, a self-assessment tool also developed based on the adapted indicators to each of the Dimensions (themes), Table 2. The Self-assessment (SA) tool in XL format lists the *Dimensions, Level Descriptor and Indicators* that enables one to reflect on the specific level descriptor and indicators to make an informed judgement of their knowledge and skills and then label their practice as: *Novice, Developmental or Competent*. The SA tool is published concurrently.

To establish a baseline on learning needs at beginner level, nurses involved in public health management of TB are encouraged to undertake self-assessment using the TB nurse competency self-assessment tool.

The output of individual self-assessment is intended to inform own learning needs and plan professional development, while the cumulative responses collated regionally and nationally is expected to generate common themes and set priorities for action.

Toney Thomas

Director of Nursing, National Health Protection, HSE

Table 2. TB Nurse Competency and indicators linked to National TB Strategic Priorities

Dimensions	Priority Action	Level 1 Descriptors
CORE 1: Communication	**P1, P2, P3**	Communicates with TB contacts and colleagues on TB transmission, prevention and management.
Indicators		Explain a basic understanding of infectious diseases. Is cognisant and updated with National TB Guidelines, TB prevention and control. Interacts with case (TB patient) at initial interview to identify contacts. Can explain accurately what a TB infection (TBI) means. Interacts with the contact at TB contact tracing clinic or equivalent and imparts information to the TB contact both verbally and in writing to explain the steps in the contact tracing process. Communicates at a level and a language (utilise interpreter) as appropriate to the contact. Accurately record notes as per organisational procedures and professional guidance. Contributes to clinical audit. Seeks advice from senior colleagues when necessary.

CORE 2: Personal and people development	**P1, P3, P5.**	Contributes to personal development by keeping up to date with the latest TB guidelines, and local and national strategies.
Indicators		Identifies critical incidents from which learning will occur. Ensures own supervision needs are met at an appropriate level with an identified mentor. Demonstrates adequate knowledge of pulmonary, extrapulmonary and TB infection. Participates in local networks and is aware of the local TB rates and management protocols. Can describe the local contact investigation and screening process.
CORE 3: Health, safety and security	**P2, P3, P4.**	Assists in maintaining own and others' health and security by understanding TB transmission; following infection control and prevention guidelines.
Indicators		Explains the risk factors for TB disease and infection. Explains basic infection prevention to case, contact and relevant others to reduce further spread of TB.
CORE 4: Service improvement	**P1, P3, P4, P5.**	Makes changes with own practice and offers suggestions for improving practice, in line with TB guidelines and strategies.

Indicators		Discusses with line manager and TB team the changes that need to be made to their own practice and the reasons for them. Passes on constructive views and ideas on improving services for users and the public to the appropriate person. Alerts line manager and 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 TB contact.
CORE 5: Quality	**P3, P4.**	Maintains the quality of their own work in line with TB guidelines.
Indicators		Aware of, and implements, local protocols on TB control and prevention in the clinic or other setting where TB contact tracing takes place. Informs and sign-post colleagues who are unaware of these protocols and raises concerns with line manager if they are not followed.
CORE 6: Equality, Diversity and Inclusive	**P1, P3, P4.**	Acts in ways that supports equality and diversity which enables access to services for all people affected by TB.

Indicators		Demonstrates awareness of own beliefs, values and limitations. Demonstrates awareness and respect for customs and beliefs and how these influence a patient/contacts 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 contacts. Demonstrates awareness of the needs of TB contacts with co-infections and co-morbidities.
Health and wellbeing (HWB): Competences specific to patient-centred prevention, diagnosis and treatment of TB		
HWB1: Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing	**P2, P3, P4.**	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

Indicators		Demonstrates awareness of common beliefs and attitudes associated with TB. Assesses the TB contacts basic understanding of TB transmission, presentation and treatment. Provides appropriate materials according to the TB contacts information needs – referring more complex questions to an appropriate member of the TB team. Actively supports and empowers the TB contact to achieve the best possible health outcomes according to their personal circumstances. Identifies need for, and facilitates access to, specialist support groups such as-smoking cessation services.
HWB2: Assessment and care planning to meet health and wellbeing needs	**P1, P2, P3, P4.**	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.
Indicators		Demonstrates an understanding of the holistic needs of contacts with TB. Accurately records findings and makes appropriate onward referral to TB and other services. Identifies any barriers to completing treatment and, where necessary, in specific cases provides or supervises directly-observed therapy (DOT).

HWB3: Control and prevention	**P1, P2, P3, P4.**	Recognises and reports situations where there might be a need for protection for the patient, their family, friends or community.
Indicators		Identifies TB contacts at risk of non-adherence and cascades concerns. Is aware of, TB contacts who may have problems attending for follow-up investigations and treatment. Explains contact-tracing process and provides reassurance, especially around confidentiality. Collates information on possible contacts while protecting patient privacy.
HWB4: Enablement to address health and wellbeing needs	**P1, P3, P4.**	Helps people meet daily health and wellbeing needs, including adherence to medication.
Indicators		Involves the TB contact and their next of kin/family in the care planning process. Agrees a suitable environment to meet contacts to assess them and deliver care, acknowledging their individual needs. Demonstrates awareness of the variables that affect a TB contacts adherence. Provides support and information to the TB contact. Works within an agreed framework to give contacts information on adherence.

HWB5: Interventions and treatments	**P2, P3, P4.**	Assists in providing interventions and/or treatments for TB.
Indicators		Develops knowledge of the pharmacokinetic and pharmacodynamics properties of first line drugs used to TB infection. Understands the principles of accountability in medicines management. Keeps accurate records. Can explain the benefits and any adverse drug effects of standard medicines used to treat TBI to patients, carers and other health care professionals. Advises the TB contact who they should contact if problems arise. Assesses for complications or adverse effects associated with TBI drug therapy that may impact on the service user's ability to adhere to treatment – reassures the user and refers appropriately. Documents and reports adherence issues.
HWB6: Biomedical investigation and intervention	**P2, P3, P4.**	Undertakes tasks to support biomedical investigations and/or interventions.

Indicators		Demonstrates awareness of pulmonary and extra pulmonary TB presentation. Describes standard diagnostics recommended to primary care as per National TB guidelines. Follows directions on the selection and use of diagnostic and assessment tools and the local protocols available to identify TBI and active TB (TB disease). Able to explain the basic investigations for TBI and TB disease: • AFB smear microscopy and culture • chest X–ray • tuberculin skin test (TST) / Mantoux • Interferon gamma release assay (IGRA)
General competences for effective management		
GENERAL 1: People management	**P5.**	Supervises the work of people who may not be familiar with TB management protocols.
Indicators		Advises and supervises less knowledgeable colleagues on safe practices for the prevention, diagnosis and treatment of TB, according to their role and responsibilities.
GENERAL 2: Capacity and capability	**P1, P3, P5.**	Sustain capacity and capability of colleagues to follow local TB management protocols.

Indicators		Identifies health, social and voluntary sector staff with an interest in TB. Establishes a working relationship with MDT and has identified people to contact for advice. Identifies opportunities to join effective networking groups. Demonstrates awareness of the role and function of Area Public Health Department and National Health Protection, HSE.
Information and knowledge (IK)		
IK 1: Information collection and analysis	**P1, P2, P3, P4, P6.**	Collects, collates and reports routine and simple data information.
Indicators		Attends and contributes to cohort review. Demonstrates awareness of, and assists with, the notification of active TB cases. Demonstrates awareness of and contributes to documentation systems for TB, such as enhanced TB surveillance form (ESF).

References

1. HPSC. *TB data and reports 2020-2024*. Dublin: HSE; March 2025.
2. HSE. Striving to End TB A Strategy for Ireland_2024-2030. In: HPSC, ed. Dublin, Ireland: HSE; 2024.
3. Williams G, O'Donoghue M, Kaur H, et al. Tuberculosis nurse competency framework for TB prevention, care and control. London: Royal College of Nursing; 2017:29 p.