



TB Nurse Competency Framework Learning Objectives and Outcomes. Resource Pack



Health Protection TB Nurse Competency Framework

The Irish Public Health:Health Protection TB Nurse competency framework (2025), ([Health Protection TB Nurse Competency Framework V1](#)) was developed to address the specific needs identified in the Irish context and the healthcare service delivery structures in Ireland. The framework was developed using the RCN (UK) 2017 framework, adapted with permission and retains the major Competence themes along with Level descriptors. The four major themes are:

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

The descriptors and indicators to each of the four themes and competencies were updated to reflect local needs and health service delivery in Ireland. The Level-1 indicators describe the competence at beginner or entry level.

The TB nurse competency descriptors are also linked to six priorities (P1-P6)[#] that were identified crucial to aid implementation of the National TB Strategy, [A Collaborative Tuberculosis Strategy for Ireland: 2024-2030](#).

Learning Objectives and Learning Outcomes

To support the learner in the journey to achieve and maintain competence in the specialist area of care to service users with Tuberculosis, specific 'Learning Objectives and Learning Outcomes' were developed linking to the competency framework. In addition, professional and evidence-based resources were identified, titles and or links to resources provided. Appendix 1 provides the list of suggested resources.

The TB nurse competency framework and supporting resources developed aims to contribute to implementation of the actions stated in the national TB Strategy, in particular actions 6, 23, 31, 34 and 35.

P1. Social determinants, P2. Prevention, P3. Detection, P4. Treatment and care, P5. Workforce planning, P6. Understanding TB.

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Learning Objective and Outcomes Structured Tuberculosis Nurse Competency Framework

Number	Learning Objective	Dimensions	Action Areas *	Level Descriptors	Expected outcome. The learner able to:
1	Demonstrate confidence to communicate with service users/ providers on transmission of TB, prevention and management.	CORE 1: Communication	P1, P2, P3	Communicates with patients and colleagues on TB transmission, prevention and management.	Discuss with service users on aspects of TB disease and management, clinical learning log evidenced.
		Indicators		<ul style="list-style-type: none"> • Explain a basic understanding of infectious diseases. • Is cognisant and updated with National TB Guidelines, TB prevention and control. • Interacts with TB case to identify contacts. • Can explain accurately what a TB infection 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. 	



	Learning Objective	Dimensions	Action Areas *	Level Descriptors	Expected outcome. The learner able to:
2	Critically evaluate National TB guidelines, defend the need for contact investigation and screening.	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.	Explain process of contact investigation, screening and critically argue the need for using standard operating procedures, in conformance with TB National guidelines.
		Indicators		<ul style="list-style-type: none"> 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 TB Disease and TB Infection, to help provide care safely according to the clinical setting (e.g., clinic or ward). Participates in local networks and is aware of the local TB rates and management protocols. Can describe the local contact investigation and screening process. 	



	Learning Objective	Dimensions	Action Areas *	Level Descriptors	Expected outcome. The learner able to:
3	Demonstrate critical understanding of and recognise potential risk of TB transmission. Advise on appropriate infection control and prevention measures.	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.	Evaluate risk of TB transmission and recommend/institute appropriate infection prevention and control measures, according to service and user circumstances.
				<ul style="list-style-type: none"> Explains the risk factors for TB Disease and TB Infection. Explains basic infection prevention to the patient/carer, to reduce further spread. 	



	Learning Objective	Dimensions	Action Areas *	Level Descriptors	Expected outcome. The learner able to:
4	Critically evaluate TB National guidelines and identify changes as appropriate with own practice and recommend suggestions for improvement.	CORE 4: Service improvement	P1, P3, P4, P5.	Makes changes with own practice in consultation with MDT and offers suggestions for improving practice, in line with TB guidelines and strategies.	Evaluate and modify own practice and recommend suggestions to others for improving practice.
		Indicators		<ul style="list-style-type: none"> • Discusses with line manager and departmental colleagues the changes that should 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/ colleagues when direction, policies and strategies are adversely affecting users of the service or the public, especially those that may be jeopardising the safety or confidence of the patient or their family. 	



	Learning Objective	Dimensions	Action Areas *	Level Descriptors	Expected outcome. The learner able to:
5	Demonstrate a range of specialist knowledge and skills to the area of clinical practice.	CORE 5: Quality	P3,P4.	Maintains the quality of their own work in line with National TB guidelines.	Collaborate on service quality improvement, engage on review /update of protocols, and agreed key performance indicators (KPI).
		Indicators		<ul style="list-style-type: none">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.	



	Learning Objective	Dimensions	Action Areas *	Level Descriptors	Expected outcome. The learner able to:
6	Recognise social factors that can limit user access to TB service, and sign-post to relevant care providers and resources.	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.	Intervene decisively with community partners and other resources to augment service user access to TB services.
		Indicators		<ul style="list-style-type: none"> • 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. • Demonstrates knowledge of referral pathways for service users seeking assistance with managing lifestyle risks. 	



Learning Objective	Dimensions	Action Areas *	Level Descriptors	Expected outcome. The learner able to:
Health and wellbeing (HWB): Competences specific to patient-centred prevention, diagnosis and treatment of TB				
7 Identify service users at high-risk of TB, articulate and explain the rationale for TB prevention measures, e.g., BCG, screening for TB infection.	HWB1: Promotion of H&W and prevention of adverse effects on H&W	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.	Risk assess population at high-risk of TB and institute prevention measures as appropriate e.g., screening for TB infection.
	Indicators		<ul style="list-style-type: none"> • 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 MDT member. • 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. 	



	Learning Objective	Dimensions	Action Areas *	Level Descriptors	Expected outcome. The learner able to:
8	Ascertain service users holistic needs in relation to their response to TB diagnosis. Coordinate multi-disciplinary team / resources for effective completion of treatment.	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.	Recognise and engage multi-disciplinary team / resources for meeting service users’ holistic needs and interventions to support effective completion of treatment.
		Indicators		<ul style="list-style-type: none"> • Demonstrates an understanding of the holistic needs of patients with TB and their families. • Accurately records findings and makes appropriate onward referral to TB and other services. • Identifies any barriers to completing treatment and, where necessary, liaise with treating clinician and colleagues who supervises directly observed therapy (DOT). 	



	Learning Objective	Dimensions	Action Areas *	Level Descriptors	Expected outcome. The learner able to:
9	Recognise potential situations that warrant additional steps to assist treatment adherence and protection of exposed persons, selecting from a broad range of specialist skills and knowledge.	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.	Recognise situations that warrant additional steps to assist treatment adherence and protection of exposed persons.
		Indicators		<ul style="list-style-type: none"> 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 treatment. Explains contact-tracing process and provides reassurance, especially around confidentiality. Collates information on possible contacts while protecting patient privacy. 	



	Learning Objective	Dimensions	Action Areas *	Level Descriptors	Expected outcome. The learner is:
10	Aware of and apply facilitation / advocacy principles for participation of case and relevant others in planning of care.	HWB4: Enablement to address health and wellbeing needs	P1, P3, P4.	Helps people meet daily health and wellbeing needs, including adherence to medication.	Confident to advocate and engage service users in planning their care.
		Indicators		<ul style="list-style-type: none"> • Involves the patient and their family in the care planning process. • Agrees a suitable environment to meet patients to assess them and deliver care, acknowledging their individual needs. • Demonstrates awareness of the variables that affect a patient's adherence. • Provides support and information to the patient, carers and family. • Works within an agreed framework to give patients information on adherence. 	



	Learning Objective	Dimensions	Action Areas *	Level Descriptors	Expected outcome. The learner able to:
11	Recognise medications used to treat TB, first line as well as drug-resistant TB, common side effects and advice to service users.	HWB 5: Interventions and treatments	P2, P3, P4.	Assists in providing interventions and/or treatments for TB.	Distinguish various TB drug treatment regimens, common side effects of medications and provide health advice.
		Indicators		<ul style="list-style-type: none"> • Develops knowledge of the pharmacokinetic and pharmacodynamics properties of first line drugs used to treat TB Disease (TBD) and TB infection (TBI). • 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 TBD and TBI to patients, carers and other health care professionals. • Advises the patient who they should contact if problems arise. • 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. • Documents and reports adherence issues. 	



	Learning Objective	Dimensions	Action Areas *	Level Descriptors	Expected outcome. The learner able to:
12	Recognise and assist in performing bio-medical investigations, interpret results and commence appropriate referral pathway.	HWB6: Biomedical investigation and intervention	P2, P3, P4.	Undertakes tasks to support biomedical investigations and/or interventions.	Interpret results of bio-medical investigations and action as appropriate in consultation with MDT.
		Indicators		<ul style="list-style-type: none"> • Demonstrates awareness of pulmonary and extra pulmonary TB presentation. • Describes standard diagnostics recommended to primary care as per NICE / National TB guidelines. • Follows directions on the selection and use of diagnostic and assessment tools and the local protocols available to identify TBD and TBI. • Able to explain the basic investigations for TBI and TBD: <ul style="list-style-type: none"> • AFB smear microscopy and culture • chest X-ray • tuberculin skin test/ Mantoux• IGRA. 	



	Learning Objective	Dimensions	Action Areas *	Level Descriptors	Expected outcome. The learner able to:
13	General competences for effective management				
	Critically evaluate professional and personal learning needs of self and those of others within the specialist area of practice and link to continuing professional development requirements.	GENERAL 1: People management	P5.	Supervises the work of people who may not be familiar with TB management protocols.	Recognise own professional and personal learning needs and of others within the specialist area of practice and plan to address the learning needs.
		Indicators	<ul style="list-style-type: none"> • Advises and supervises less knowledgeable colleagues on safe practices for the prevention, diagnosis and treatment of TB, according to their role and responsibilities. 		



	Learning Objective	Dimensions	Action Areas *	Level Descriptors	Expected outcome. The learner able to:
14	Evaluate professional learning needs of others within the specialist area of practice, including trainees and sign-post to authentic resources.	GENERAL 2: Capacity and capability	P1, P3, P5.	Sustain capacity and capability of colleagues to follow local TB management protocols.	Evaluate learning needs of others within the specialist area of practice and sign post to reliable resources.
		Indicators		<ul style="list-style-type: none"> 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 Regional Public Health Departments and National Health Protection Office. 	



	Learning Objective	Dimensions	Action Areas *	Level Descriptors	Expected outcome. The learner able to:
15	Information and knowledge (IK)				
	Implement data collection protocols for good quality data capture, linking to information governance.	IK 1 Information collection and analysis	P1, P2, P3, P4, P6.	Collects, collates and reports routine and simple data/ generate information.	Confident to implement agreed protocols, support audits and contribute to good information governance.
		Indicators		<ul style="list-style-type: none"> • 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 TB enhanced surveillance form (ESF). 	

*Action areas Priority P1-P6. Reference: Striving to End Tuberculosis A Strategy for Ireland (2024-2030)



Appendix 1. List of Resources. TB Nurse Competencies (2025) NHPO, HSE

Item	Description and links to resources
<p>LO* 1</p>	<p>Identify mentor and establish learning contract. TB communication: https://explaintb.org/en (multilingual resource) Observe/listen to minimum of three service user communication events, followed by supervised communication to users a minimum of 3 events (verified by mentor/designated others), progressing to independent user engagement. Document on clinical learning log.</p>
<p>LO 2</p>	<p>NTB Guidelines https://www.hpsc.ie/a-z/vaccinepreventable/tuberculosis/tb/guidance/, PPGs. Canadian CDC: https://manuals.cts-sct.ca/documentation/chapter-11-tuberculosis-contact-investigation-and-outbreak-management/ Case conference departmental / National (SJH). Familiarise NTB Guidelines, discuss with mentor contact screening, setup clinic. Aware of relevant SOP's and clinical documentation</p>
<p>LO 3</p>	<p>WHO. TB-Modules: Consolidated Guidelines TB Knowledge Sharing. CDC; https://www.cdc.gov/tb/hcp/education/core-curriculum-on-tuberculosis.html National IPC Guidelines NCEC 30 / TB. Transmission-based Precautions, Respiratory transmission: Droplet, Airborne route, Respiratory protection: FFP2/3, N95 face mask. Medical mask use by cases on transit. Familiarise Airborne infection Isolation room (AIIR) functioning.</p>
<p>LO 4</p>	<p>NTB guidelines https://www.hpsc.ie/a-z/vaccinepreventable/tuberculosis/tb/guidance/ , clinical learning log, Portfolio. Participate in updating of TB- PPG's. Discuss issues at case conference, contribute to CPD, Journal club. Lead on clinical audit and plan Quality Improvement (QI).</p>
<p>LO 5</p>	<p>Audit of practice, clinical documentation-KPI, incorporate into routine service Canadian CDC: https://manuals.cts-sct.ca/documentation/chapter-5-treatment-of-tuberculosis-disease/</p>



LO 6	Current local repository of local Social inclusion (SI) resources, named point of SI contact Seek guidance from mentor, identify risk of TB transmission in specific settings (congregate, prison, detention centre), risk of co-infections and potential for adverse outcome.
LO 7	PH-TB risk assessment SOP, NTB Guidelines https://www.hpsc.ie/a-z/vaccinepreventable/tuberculosis/tb/guidance/ WHO resources. Utilise Health information and Health Promotion resources. Familiarise Mantoux (TST) protocol and reading of results. https://www.gov.uk/government/collections/bcg-vaccination-programme .
LO 8	Lead on case conference, MDT input as well as service user engagement. Standard case conference agenda, actions, review close-off by date Risk assess any potential barriers to completing treatment. Liaise with treating clinician, PH Specialist and who supervises video/ directly observed therapy (V/DOT).
LO 9	Utilise language, social support and other resources to enhance user engagement. Carefully select and provide resources, PIL in gaining trust /rapport. E.g., Taking a sexual history e learning course on HSE LanD.ie Discuss Section 38 provisions in a non-judgemental way. Reassure case and contacts on supports available including treatment and medications, to allay fear of costs and non-adherence. Canadian CDC; https://manuals.cts-sct.ca/documentation/chapter-11-tuberculosis-contact-investigation-and-outbreak-management/
LO 10	Medication tracker https://www.cdc.gov/tb/communication-resources/4r-medication-tracker.html PIL, reminders, V/DOT technology assisted user compliance to treatment. Screening clinic, service user access setting up clinic close to user normal residence, engage with IPAS and other centres to setup clinic.
LO 11	Medication tracker forms, TB-PIL, setup of reminders to assist user compliance to treatment. Side effects www.explaintb.org/en Familiarise with principles of medication management, pharmacokinetics, untoward side-effects.



Empower users to recognise signs of side effects of medications and seek clinical attention, referral pathway as appropriate.
PIL, Medication tracker

LO 12 Follow up bio-medical test results, analyse and escalate as appropriate. Investigate for co-morbidities
HIV/BBV/immunosuppression.

WHO. TB. <https://tbksp.who.int/en/guidance-books-solr> ; www.explintb.org/en

LO 13 Middle managerial development (MDP) competency indicators. Resource pack (CNM2-MDP). Discuss with Nurse Manager.

LO 14 Orientation to PH-TB service, PPGs, signpost to authentic resources, CPD, sharing of knowledge and experience

LO 15 Make every contact count (MECC). good quality data capture, SOPs, set KPIs, audit of practice, contribute to scientific publications.

*LO - Learning Objective