

Document Control

Title			
Assessment and Maintenance of Clinical and Medical Device Competence in Nurses, Midwives, AHPs and Support Workers Policy			
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1.0	Jan 2008	Final	Ratified by Trust Board subject to any amends from JNCC, there were no amends recommended from JNCC.
1.1	Oct 2008	Revision	Final amends to ensure corporate identity and proof-checking requirements.
1.2	May 2009	Revision	Amendments to include maternity and neonatal skills passports
2.0	Feb 2010	Final	Approved by Strategic Workforce Development Committee 27 th January 2010 and Senior Nurse Forum 25 th February 2010 with no amendments.
2.1	July 2010	Revision	Minor amendments by Corporate Affairs to document control report, headers and footers, formatting for document map navigation and bookmarks and hyperlinks for appendices. Policy title unchanged.
2.2	June 2015	Revision	Equality Impact Assessment Screening form attached
3.0	Jan 2017	Final	3 yearly review
3.1	Sept 2017	Revision	To include the Medical Devices: Training and Assessment of Competency
3.2	May 2018	Revision	To state that Registered Nurses and AHPs do not need to complete the Patient monitoring and observations competency
3.3	Jun 2018	Revision	To include process for development of new competencies
4.0	Aug 2018	Final	Updated to be in line with framework document

5.0	Dec 2018	Final	Addresses the physical comfort needs of the individual competency in core competencies changed to Adult pain and comfort needs assessment competency. Ratified by Senior Nurse and Midwifery Forum.
6.0	June 2020	Final	Removal of obtain informed consent competency and update framework document title.
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2. Purpose

The purpose of this document is to detail the process for a robust structure which will enable clinical and medical device competence to be assessed, monitored, maintained and recorded throughout the organisation.

The policy applies to Nurses, Midwives, AHP's and Support Workers including Assistant Practitioners and Nursing Associates.

Implementation of this policy will ensure that:

- Equality and appropriateness of competency assessment in clinical areas is achieved
- Core/essential competencies are identified and reassessed locally and organisationally at agreed intervals
- Risks associated with the use of medical devices and user error are minimised
- Records of staff competence are held in the Area Specific Training and Competence Log Book and on the Trust Learning Management System.

3. Definitions

3.1. Competence

Competence can be described as the combination of training, skills, experience and knowledge that a person has and their ability to apply them to perform a task safely. Other factors, such as attitude and physical ability, can also affect someone's competence (HSE 2016).

Resource books have been developed to assist in the acquisition of knowledge and understanding whilst the assessment of clinical competency documents will support robust assessment through consideration of underpinning knowledge, policies, procedures and actions. Overall competence is being recorded through the use of a Northern Devon Healthcare NHS Trust 'Area Specific Training and Competence Log Book' and via the Trusts Learning Management System.

3.2. Support Worker

Support workers are those healthcare staff in bands one to four working under the direct supervision of a Registered Practitioner. Essential competencies identified within the Area Specific Training and Competence Log Book and at appraisal will be achieved as part of vocational training programmes and competence maintained through Continuing Professional Development (CPD).

3.3. National Occupational Standards (NOS) and National Workforce Competencies (NWC)

National Occupational Standards (NOS) describe the skills, knowledge and understanding needed to undertake a particular task or job to a nationally recognised level of competence. They focus on what the person needs to be able to do, as well as what they must know and understand to work effectively. They cover the key activities undertaken within the occupation in question under all the circumstances the job holder is likely to encounter.

Each NOS contains an agreed set of knowledge, understanding and performance criteria that must be met before someone can be deemed competent. They describe the minimum standard to which an individual is expected to work in a given occupation (Skills for Health 2016)

Northern Devon Healthcare NHS Trust competencies have been developed considering NOS and National Workforce Competencies wherever possible.

3.4. Continuing Professional Development

Continuing professional development (CPD) is described internationally by a variety of terms. These include: continuing nursing education, life-long learning and professional skills development, among others. While there is no universally agreed term for CPD, there is a generally accepted understanding of its purpose – to help nurses to maintain an updated skill set in order to remain fit to practice, and to respond to the changing technologies and demands of health service delivery (RCN 2014).

3.6. Medical Device

Any instrument, apparatus, appliance, material or healthcare product (excluding drugs) used in patient care for the purpose of:

- Assessment
- Diagnosis
- Planning
- Implementation
- Evaluation

3.8. End Users

If a patient or carer uses the device, they are also defined as an ‘end user’.

4. Responsibilities

4.1. Role of Clinical Line Managers

The manager of a Clinical area is responsible for:

- Ensuring that staff under their management, are competent to perform their delegated roles. Competence will be reviewed annually at appraisal against the individuals’ job description, person profile and competencies identified for their role. Competencies essential for an individual role should be identified at induction and/or appraisal and recorded as part of the appraisal process and within the Area Specific Training and Competence Log Book (See Appendix A for a guide to completing the Area Specific Training and Competence Log Book).
- Ensuring there is an up to date record of all medical devices used within their area of responsibility and that this is detailed in the Area Specific Training and Competence Log Book.

4.2. Role of Individual staff

Individual Staff are responsible for:

-
- Registered Practitioners - are professionally accountable for ensuring that they keep their knowledge and skills up to date, taking part in appropriate, regular learning and professional development activities that aim to maintain and develop competence to improve performance (NMC Code 2015)
 - Support workers - are responsible for maintaining and updating their personal competence under the guidance of their line manager. Working within competencies clearly identified in the Area Specific Training and Competence Log Book and their appraisal, which provides clarity on organisational expectations and delivers a robust structure and process which will enable competence to be assessed, maintained and recorded. Support Workers must strive to improve the quality of healthcare, care and support through continued professional development. (Skills for Care & Skills for Health Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England 2013)
 - Individuals - must be given adequate support and opportunity to develop competence under supervision prior to undertaking formal assessment of competence against the relevant competency document(s). Assessment can take place during work based induction, as part of the acquisition of new skills, or as a result of the introduction of new medical equipment. Competence should be maintained through practice and reviewed by the individual and their manager during annual appraisal.

4.3. Role of Senior Nurse and Midwifery forum

The Senior Nurse and Midwifery forum is responsible for:

- Acting as an expert group to agree the annual Nursing and Midwifery priorities as identified by the Director of Nursing, these priorities will identify the requirements for core competency assessment.
- Ensuring that all competency documents and associated resource books are reviewed and ratified at a meeting of this group.

4.4. Role of Clinical Training Manager

The Clinical Training Manager is responsible for:

- Monitoring and driving forward compliance with this policy through feedback from Clinical Tutors and reporting this via Senior Nurse and Midwifery Forum

4.5. Role of Clinical Tutors

The Clinical Tutors are responsible for:

- Monitoring and reviewing all ratified competency documents, resource books and educational provision to ensure they correspond with Trust Policy and Procedure, current evidence based practice, relevant National Occupational Standards and National Workforce Competencies
- Supporting clinical areas on the assessment of competence

- Where a need for a new competency is identified the Clinical Tutors will advise on the development and approval processes and who has the appropriate skills within the organisation to support the development of this. All new competencies that are developed must be approved and ratified by the senior lead for that department via a governance meeting and then taken to Senior Nurse & Midwifery Forum or the Allied Professionals Forum for final sign-off
- Identifying and providing teaching sessions within clinical areas as required in liaison with the area managers

4.6. Role of Practice Educators

The Practice Educators are members of staff employed within a specific clinical area. They are responsible for:

- Identifying the competencies required for their own clinical area and sourcing appropriate support and teaching provision to support this
- Supporting staff within their own clinical area with the assessment, attainment and maintenance of clinical competence, including marking of clinical workbooks
- Supporting staff within their own clinical area who fail to demonstrate competence, liaising with senior nurses and the Clinical Tutors as necessary
- Where a need for a new competency is identified in their area, the practice educator will advise on the development processes
- Acting on occasions, in an advisory capacity, for the Trust more widely, on matters directly related to their own area of expertise

4.7. Role of Specialist Staff

New competency sheets for individual medical devices should be prepared by an expert or specialist person who is familiar with and competent to use the medical device. They are responsible for presenting this to Senior Nurse and Midwifery Forum for ratification. No new competency assessment template will be published online or be made accessible unless ratified by this forum.

4.8. Role of the EBME Manager

The EBME Manager will aid the departmental manager by providing company and manufacturer information should the departmental manager need to contact the company representatives and organise any repeat or refresher medical device training for their staff. The EBME Manager can also arrange the provision of support and advice related to medical devices for departments as required and requested. The EBME Manager facilitates ward and department managers with the acquisition of new or updated equipment in the organisation.

5. Practice

The competencies in the Area Specific Training and Competence Log Book consist of a mix of generic and more specialist competencies. All clinical and medical device competencies will be required to be assessed on a once only basis unless there is a performance or capability issue. Staff must then self-declare that they are compliant, competent and up to date with all competencies identified for their role annually at their appraisal in discussion and agreement with their line manager. No single individual working within a specific clinical area would be expected to complete all available Trust competencies.

5.1. Blood Transfusion

Staff members involved in the blood transfusion process are required to undertake initial training and a one off practical assessment. If there is a period of greater than one year out of a workplace where transfusion routinely takes place, staff must undertake the practical assessment again. Thereafter, they must receive training no less frequently than 3 yearly (2 yearly for blood collection). For advice and guidance, please liaise with local transfusion champions.

5.2. Core Competencies

The organisation has identified four core clinical competencies for all staff. All other clinical and medical device competencies are identified within the Area Specific Training and Competence Log Book and at appraisal.

Competencies identified as core for all staff are:

Patient monitoring and observations (e.g. pulse, temperature, respiratory rate etc.)*
NB: Registered Nurses and AHPs do not need to complete this

Adult pain and comfort needs assessment*

Delivers care in accordance with individual care plans*

*and any associated medical device competencies to support this process e.g. pulse oximetry in patient monitoring

5.3. Who should be assessed (See Appendix B)

Newly qualified – Newly qualified Practitioners should be placed on the Preceptorship Programme and have a named Preceptor.

The Preceptorship Framework (DH, 2009) refers to ‘a Nurse, Midwife or AHP who is entering employment in England for the first time following Professional Registration with the NMC or HCPC. It includes recently graduated students, those returning to Practice, those entering a new part of the register and overseas prepared practitioners’

As part of work-based induction and clinical induction, essential competencies will be identified. A personal learning plan identifying resources and timeframes should be agreed with the line manager as part of work-based induction ensuring individuals are assessed as competent both appropriately and in a timely manner. Competencies must also be logged in the Area Specific Training and Competence Log Book and via the Trusts Learning Management System.

Where a need to develop new skills, such as cannulation, venepuncture or administration of parenteral drugs are identified, individuals must attend the relevant training, whilst fulfilling a period of supervised practice prior to being formally assessed as competent.

Newly appointed – As part of work based induction and clinical induction, essential competencies will again be identified. A personal learning plan identifying resources and timeframes should be agreed as part of work-based induction thereby ensuring individuals are assessed as competent, both appropriately and in a timely manner.

Where staff can evidence current competence through competency documents, training records, practice logs or other relevant evidence from another NHS organisation, these staff would not be required to attend the full in-house training, as this would potentially delay their ability to practice, leading to loss of competence. They would need to complete an exemption form, which can be found on BOB, and have it approved by the clinical tutors before they can be formally assessed as competent in the work place and competence logged within the Area Specific Training and Competence Log Book and on the Trust Learning Management System to ensure knowledge, understanding and compliance with local policies and procedures. Relevant update sessions/e-learning may be accessed to assist in developing knowledge of local policies and procedures.

Existing Employees – As part of the appraisal process essential competencies should be identified. Gaps in competence and the need to update should be identified through the annual appraisal interview and form part of the personal learning plan.

5.4. Who can assess competence

Line managers can delegate the assessment of competence to registered healthcare professionals who:

- Are competent and confident in performing the skill to be assessed and are in date with their own competency
- Practice the skill regularly
- Can demonstrate a sound current knowledge of relevant policies and procedures
- Are formally identified by the line manager as assessors (named Phlebotomy staff only)
- Supervisors of midwifery

5.5. Assessment Criteria

To demonstrate competence in a given skill, the individual must:

- Adhere to all relevant policies, procedures and legislation as well as demonstrate a working knowledge of the policies and procedures
- Prepare and maintain a safe environment, considering any universal precautions and health and safety issues
- Demonstrate an understanding and use of all equipment required as part of the procedure appropriately and safely
- Seek assistance or summon further help as required
- Support the patient both emotionally and physically, respecting individuals' privacy and dignity
- Perform the skill to the standard identified within individual competency assessment documents
- Demonstrate a working knowledge and understanding of the procedure and theory relating to the skill.

5.6. Staff groups who can be assessed as competent within a given skill

When competency documents are developed and approved it is clearly identified which staff groups can undertake the skill. This links to organisational policy and National Occupational Standards, or a procedure where they exist. Where competencies are for named practitioners only, further information can be found on the relevant competency document or via the Clinical Tutors.

Under no circumstances should staff outside the agreed groups undertake these skills or be assessed as competent. For example, a Senior Healthcare Assistant cannot undertake or be assessed to undertake a skill agreed by the organisation to be performed by Registered Practitioners only.

If a need for service development is identified, where staff able to undertake a specific role needs to be reviewed, then this should be discussed with the Clinical Training Team who can advise on the process and ensure approval is gained through the Quality Assurance Committee.

5.7. Failure to demonstrate competence

Staff who are acquiring or developing new skills must practice under direct supervision until such time they are successfully assessed as competent. Staff who are unable to demonstrate competence after two formal assessments within the clinical setting should continue to practice under supervision and the assessor must develop a personal action plan in conjunction with the individual and the Clinical Tutors.

Staff deemed competent in a given skill or medical device, will be required to periodically update their knowledge and skills and then self-declare that they are compliant, competent and up to date with all competencies identified for their role annually at their appraisal.

In the event that an individual fails to demonstrate competence after a reasonable period of support and supervision, the individual would need to be managed in accordance with the Trust's Capability Policy.

5.8. Using the learning materials

A variety of in-house learning opportunities and resource books are available to support acquisition and demonstration of knowledge and understanding. Training is blended and may consist of a combination of the following:-

- Formal study events organised by Trust or department
- Work based learning events e.g. medical device representatives visiting areas to provide training
- Self-study
- E-learning
- Skills lab simulation
- Opportunistic teaching in clinical practice
- Educational resource videos

Copies of competency assessment documents must be sent to the Workforce Development Team to enable recording of attainment against an individual's staff record and monitored as part of a quality assurance process. Competencies and resource books issued as part of any in house training programme, induction, or update must be completed and returned to the Clinical Training Team within three months of attendance.

All documents sent to the Clinical Training Team will be reviewed, commented upon and returned to the individual in a timely fashion. Individuals should be encouraged to keep all completed documents within their Personal Development Portfolio (PDP), which should be used to log achievement of competence and be reviewed at their annual appraisal.

5.9. Developing new competencies

When the need for development of further competence documents or resource books is identified, they must be developed using the Trust templates, in discussion with the Clinical Training Team. **NOTE:** All new competencies that are developed must be approved and ratified by the senior lead for that department via a governance meeting and then taken to Senior Nurse and Midwifery Forum and the Allied Health Professions Forum for ratification and to agree scope of practice prior to being used in practice. It is the responsibility of each department and clinical area to ensure that all new competencies are added to BOB and kept up to date.

5.10. New Equipment

The purchase of new equipment may create a training need. Implementation of the Trusts 'Selection and Acquisition of Medical Devices Policy' will identify the need to risk assess all medical devices and consider training needs before purchase and before use. The EBME Manager facilitates ward and department managers with the acquisition of new or updated equipment in the organisation.

6. Monitoring Compliance with and the Effectiveness of the Policy

6.1. Standards/ Key Performance Indicators

Key performance indicators comprise:

Compliance with this policy will support Care Quality Commission – Essential Standards of Quality and Safety:

- Outcome 11 – Safety availability and suitability of equipment
- Outcome 12B - Requirements related to workers
- Outcome 14A - Supporting Workers

6.2. Process for Implementation and Monitoring Compliance and Effectiveness

Line managers are responsible for ensuring this policy is implemented across their area of work.

Support for the implementation of the Trust competency framework will be available via the Workforce Development Department. Additional information and resources will be made available via the clinical and medical device competencies on BOB.

Compliance with competencies will be monitored and recorded through the annual appraisal process. Personal development plans will be monitored by line managers to ensure these reflect competence development in line with this policy.

Spot audits of specific clinical and medical device competences will be undertaken by the clinical tutors and reported to the area manager.

Where clinical skills are being taught, competencies will be monitored through a review of the Area Specific Training and Competence Log Book by line managers. Any identified areas of non-compliance will be addressed and an action plan developed.

7. Equality Impact Assessment

The author must include the Equality Impact Assessment Table and identify whether the policy has a positive or negative impact on any of the groups listed. The Author must make comment on how the policy makes this impact.

Table 1: Equality impact Assessment

Group	Positive Impact	Negative Impact	No Impact	Comment
Age			x	
Disability			x	Though recommend that when policy is reviewed additional clarification is given regarding the arrangements that would apply if a member of staff was returning from a significant period Long Term Sick or was requiring reasonable adjustments to be made to their role
Gender			x	
Gender Reassignment			x	
Human Rights (rights to privacy, dignity, liberty and non-degrading treatment), marriage and civil partnership			x	

Pregnancy			x	Though recommend that when policy is reviewed additional clarification is given regarding the arrangements that would apply if a member of staff was approaching a period of, or returning from, maternity leave / breastfeeding
Maternity and Breastfeeding			x	
Race (ethnic origin)			x	
Religion (or belief)			x	
Sexual Orientation			x	

8. References

- HCPC (2017) Standards of Proficiency- www.hcpc-uk.org
- HSE (2016) <http://www.hse.gov.uk/competence/what-is-competence.htm>
- Skills for Health (2016) <http://www.skillsforhealth.org.uk/standards/item/215-National-occupational-standard>
- RCN (2014) Factsheet-Continued Professional development (CPD) for nurses working in the United Kingdom (UK) NMC (2015) The code.
- Skills for Care & Skills for Health (2013) Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England www.skillsforcare.org.uk & www.skillsforhealth.org.uk

9. Associated Documentation

- Capability policy
- Clinical competencies (BOB)
- Supervision policy
- Medical devices training and assessment of competency policy
- Induction policy
- Training and study leave policy
- Medical Devices: Training and Assessment of Competency
- Selection and Acquisition of Medical Devices Policy
- Roles, Responsibilities and Core Generic Competencies for Clinical Staff (Band 1-6)-Framework Document for Staff and Managers

10. Appendix A

Area Specific Training and Competence Log Book

It is Important that the organisation does not expect its staff to perform Tasks for which they have not undertaken appropriate training for, or are not competent to complete. The log book held at department level is a consistent tool that is visible and holds an overview of staff able to perform key tasks performed within that department or by team members.

The log book is split into sections these being:

Sections 1-3 Overview and processes

Sections 4-5 Clinical competences this is supported by Clinical competence policies and assessment tools held on BOB

Section 6-7 Medical device competences this is supported by Medical device policies and assessment tools held on BOB

Section 8-9 Patient Group Directions Supported by Pharmacy Department

Section 10 Supervision supporting information to support supervision activity at departmental area

Key Principles

All records must be signed and dated. Competencies should be reviewed and self-declared annually in discussion and agreement with line managers.

These records must be kept locally

This record must be produced for external accreditation and records will be transferred to ESR on an annual basis.

New staff should undertake competence review as part of induction/appraisal

Demonstrating Competence

Practitioners must be able to provide evidence (current and dated) to support competence. Evidence may take a number of forms and must be held by the individual with an overview of staff competence being held within the department. Examples of evidence could be:

Reflective Log

Logs of practice / Procedures undertaken

Personal Statements

Assessment conducted by other competent registered practitioner

Candidate Testimonials

Competence evidence signed off at training

Workbooks

Self-declaration*

***Self-declaration can be used to support continued competence, once evidence of an assessment is available.**

