

# Competency Assessment Protocol

<b>Statement of Intent</b>	SBC is committed to the NHS Constitution (section 2a) which states: “You (the public) have the right to be treated with a professional standard of care, by appropriately qualified and experienced staff, in a properly approved or registered organisation that meets required levels of safety and quality” and will apply the same standard to all aspects of our children’s community Health services.		
<b>Document number</b>	E&T07	<b>Issue number</b>	2
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<b>Owner</b>	Head of Service		
<b>Approved by</b>	CSMT	<b>Date approved</b>	20/12/2016
<b>Ratified by</b>	csmt	<b>Date ratified</b>	December 2016
<b>Document validity</b>	This document is due to expire on <b>01/12/2018</b> After this date the document will become invalid. All colleagues should ensure that they are consulting the currently valid version of the document which can be found on the SBC policy platform		
<b>Applies to</b>	Registered and non-registered practitioners undertaking clinical/professional tasks or activities		
<b>Care Quality Commission</b>	Regulation 7 Care & welfare of people who use services  Regulation 21 Requirements relating to workers		
<b>Equality &amp; Diversity</b>	SBC is committed to promoting equality in all its responsibilities - as a provider of services, as a partner in the local economy and as an employer. This protocol will contribute to ensuring that all clients, potential clients and employees are treated fairly and respectfully with regard to the protected characteristics of age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.		

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## 1. Introduction

SBC is committed to ensuring that all practitioners have the appropriate knowledge and skills required for their role.

Clinical Practice Governance, service development, blurring of role boundaries, workforce redesign and development of new roles, means that the emphasis on clinical and professional competency has never been greater.

Clinical practice is a combination of theoretical and practical knowledge and competencies should identify the skills, knowledge and attitudes needed to perform in a particular clinical setting. Clinical competencies will be created to enable the development of new and distinct roles which may cross traditional boundaries.

## 2. Purpose

To ensure that the performance of particular procedures or activities is underpinned by appropriate training and competency based assessment to support the delivery of high quality care.

To ensure that individual competency documents are developed by practitioners/specialist groups for particular activities undertaken during the delivery of health and social care services.

## 3. Definitions

**Competency document** identifies the specific capabilities required to perform a particular role or task and how this will be measured.

**Clinical/professional competency** identifies the specific education and skills required to perform a clinical/professional activity as well as the assessment criteria based on protocols, standards and guidelines which reflect the desired knowledge that individuals should perform against under the supervision of a competent practitioner.

## 4. Principles

- Competencies will be developed by the most appropriate competent practitioners/specialist group for the specific competence being created. The type of competency i.e. assessed or self-declared will also be established by the authors and clearly identified within the competency document.
- Competencies will be reviewed by further personnel as appropriate.
- Registered practitioners may be required to make a self-declaration of competence in order to perform an unfamiliar task or to update a seldom used skill. This will be

Undertaken in accordance with the requirements of the relevant registration body for that practitioner's profession, using the template in appendix 1.

- The development of any specialist and/or advanced practice skill will include the following:
  - The education or training required to equip the individual with the underpinning knowledge. This training may be formal or informal and will be identified alongside the criteria for the competency.
  - Supervised practice to enable the individual to develop the skill.
  - Assessment against criteria to measure the competence of the individual. This process should be directed by the individual and must be supported by a competent practitioner as appropriate.
- The competence of a registered practitioner to perform a specialist and/or advanced skill will be assessed (using the template in appendix 2) by a competent practitioner who has undertaken assessor training or has reached level 6 on the Dacrum scale (see Appendix 1).
- The assessment of non-registered practitioners will always be performed (using the template in appendix 3) by a registered practitioner who has undertaken assessor training or has reached level 6 on the Dacrum scale (see Appendix 1).
- Competence must be formally reassessed if the particular skill/activity has not been performed within a six month period.
- The specific competencies required for an individual practitioner's role will be identified on appointment and agreed at subsequent development reviews/ appraisals between the individual and their supervisor/line manager.
- Practitioners will record achievement of competencies within their portfolio, which serves as a record of individual development. Appraisal records can be used to record evidence of an individual's practice profile for the purpose of personal and/or service development.
- Competencies should be recorded within the practitioner's service area by the supervisor/line manager.
- Any „agency staff“ must be able to meet the level of competence required by the role they are to undertake. It will be the responsibility of the agency providing the staff to ensure the individual has received the appropriate level of training.

### **Extended scope of practice**

The changing nature of health and social care provision has led to the consideration of how the clinical needs of patients can best be met in safe and effective way. In response to this

SBC will train non-registered practitioners to deliver an extended range of health care activities e.g. Delivery of mandated HCP contacts.

- Any proposed extension or change to the scope of practice will be developed by the appropriate registered practitioners; approved by the relevant Professional leads and ratified by CSMT
- Any proposed extension or change to the scope of practice will be supported by a comprehensive protocol and underpinned by the required education, training and assessment to a specific competency.

## **5. Responsibilities**

### **Registered Managers/Operational Managers and Professional Leads**

- Ensure all staff adhere to their obligations under the relevant current legislation e.g. NHS constitution; Nursing & Midwifery Order 2001; Health Professions Order 2001 and Care Standards Act 2000.
- Keep up to date with developments in protocol and guidance e.g. NICE guidance.
- Ensure that current and possible new competencies are discussed as an integral part of the developmental review/appraisal process for all practitioners.
- Monitor training and education undertaken and subsequent competency achievement so that the information is available for service development and to meet regulatory requirements (e.g. Care Quality Commission Regulations).

### **Nurses**

The Nursing and Midwifery Council (NMC) exists to safeguard the health and wellbeing of the public. All nurses (& midwives) are registered with the NMC and must follow the code: Standards of conduct, performance and ethics for nurses and midwives (May 2008).

The code states that nurses (& midwives) are personally accountable for the actions and omissions of their practice and must always be able to justify their decisions. Furthermore, nurses (& midwives) must always act lawfully, whether those laws relate to professional practice or personal life.

### **Allied Health Professionals (AHPs)**

AHPs are registered with The Health & Care Professions Council (HCPC). The principal objective of the HCPC is “to safeguard the health and well-being of persons using and needing the services of registrants”. The main function of the HCPC is to establish standards of proficiency and standards of conduct and performance for members of the relevant professions and to ensure the maintenance of these standards.

The HCPC Standards of Proficiency for all registered professions define the scope of practice as follows:

the area or areas of the profession in which the professional has the knowledge, skills and experience to practice lawfully, safely and effectively, in a way that meets the HPC standards and does not pose any danger to the public or the professional themselves. If the professional wishes to move outside their scope of practice then they should undertake the necessary training and develop the necessary experience in order to work lawfully, safely and effectively. Registration is renewed every two years.

Professions registered with the HPC include:

- Occupational Therapists
- Physiotherapists
- Speech and Language Therapists
- Dietitians

### **Social Workers**

By November 2012 Social Workers will also be registered with the Health & Care Professions Council and work to the principals set out above.

### **Non Registered practitioners**

Non registered staff groups include Health Care Assistants, Assistants to Allied Health Professionals and Assistant /Associate Practitioners.

Nurses and Allied Health Professionals remain accountable for the appropriateness of the duties delegated to Health Care Assistants and other non-registered practitioners, to ensure that the individual is able to perform the duty and that adequate supervision or support is provided.

The assessment of competence for non-registered practitioners requires a formal assessment by a registered practitioner who has been trained as an assessor.

Non-registered practitioners are responsible for ensuring that their competencies form part of their regular development review with their clinical supervisor/line manager.

### **6. Ratification**

This protocol will be ratified by CSMT.

### **7. Training**

**Registered nurses** -The Children's workforce team provides a range of nursing skills training programmes which are co-ordinated by the Principal Officer for Health and Well-being. Any additional training identified through service development and/or personal supervision can be discussed with the team and an agreement of support reached.

**Allied Health Professionals and Social workers** identify required training through personal development during supervision and at appraisal. This information is sent to the Children's workforce team

that will provide or commission as much of the required training as possible.

**Non registered practitioners** - Additional training identified through service development or personal supervision is organised as required.

## 8. Monitoring framework

Minimum requirements to be monitored	Number of staff trained Number of competencies achieved Range of competencies within teams Identification of range required by each service
Process for monitoring e.g. audit	Personal Development Plan Supervision notes
Responsible individual/group/committee	Individual staff members All managers and supervisors  Professional leads
Frequency of monitoring	Annual
Responsible individual/group/committee for review of results	Supervisors will review the training needs of the employees in their area of responsibility and develop a training and competency plan for the coming year
Responsible individual/group/committee for development of action plan	CWD tam will work with CSMT to meet the identified training needs of the workforce
Responsible individual/group/committee for monitoring of action plan	CSMT

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