ASSESSING COMPETENCY IN CLINICAL PRACTICE POLICY

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<th>4</th>
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<td>Ratified by:</td>
<td>Senior Managers Operational Group</td>
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<td>Senior Nurse for Clinical Practice</td>
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<td>Clinical Governance Group</td>
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<td>Date issued:</td>
<td>October 2013</td>
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</tr>
<tr>
<td>Relevant Staff Group(s):</td>
<td>All clinical staff excluding medics who require a competency assessment</td>
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### Document Control

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<td>Senior Nurse for Clinical Practice</td>
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**Amendments:** Revision of policy following acquisition

**Document objectives:** To ensure that all staff throughout Somerset Partnership NHS Foundation Trust are competent in the skills necessary to provide high quality care for all patients.

**Intended recipients:** All staff across Somerset Partnership NHS Foundation Trust

**Committee/Group Consulted:** Medicines Training Group, Medicines Management Group, Clinical Policy Review Group, Clinical Governance Group

**Monitoring arrangements and indicators:** Local monitoring by Line Managers

**Training/resource implications:** No implications identified

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<th>Date: September 2013</th>
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<td>Formal Impact Assessment</td>
<td>Impact Part 1</td>
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September 2016

**Contact for review** 
Senior Nurse for Clinical Practice

**Lead Director** 
Interim Director of Nursing and Patient Safety

### Contribution List

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<td>All members</td>
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<td>Community Hospital Best Practice Group</td>
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<td>All members</td>
<td>Clinical Policy Review Group</td>
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<tr>
<td>All members</td>
<td>Clinical Governance Group</td>
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**Assessing Competency in Clinical Practice Policy**

V4 - 2 - October 2013

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1. INTRODUCTION

1.1 Somerset Partnership NHS Foundation Trust is committed to ensuring safe clinical practice is adhered to at all times by staff who require a competency assessment.

1.2 All staff involved in clinical practice must adhere to the guidelines of their professional bodies.

1.3 Each nurse, midwife or health visitor is personally accountable for their practice and professional accountability in line with Nursing and Midwifery Council (NMC) Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives (2008) and Nursing and Midwifery Council’s (NMC) Higher level of Practice (1999) and for Allied Health Professionals the Health and Care Professions Council.

1.4 The term ‘competence’ is defined as, ‘the ability to do something successfully or efficiently’ (Pearsall 1998, p.374). The NMC (2008) state that a registered nurse; ‘must have the knowledge and skills for safe and effective practice when working without direct supervision.’

1.5 Competence can be measured using a numerical scale of 1 – 5 (see Appendix 1):

1 = No knowledge/experience
2 = Some knowledge/experience
3 = Competent
4 = Competent with some experience
5 = Competent, experienced and able to teach others (Benner, 1984)

2. PURPOSE & SCOPE

2.1 The purpose of this policy is to provide an assessment framework to:

- ensure all competencies are written in the same format and located on the intranet for downloading
- that competencies are designed to assess the knowledge and skills of the practitioner in the specific skill being assessed
- ensure that once an individual has reached a satisfactory level of competence following supervised practice they are formally assessed as competent within 3 months of theory training
- identify if an individual is not reaching a satisfactory level of competence and what measures are in place to address this
- ensure the correct documentation and recording of competency for each member of staff
- ensure records of achievement are recorded by the Training, Education and Development Department
3. DUTIES AND RESPONSIBILITIES

3.1 The Trust Board has a statutory duty for the quality of care to reduce variations in outcomes of the service and to ensure that clinical decisions are based on the most recent and relevant effective evidence (NHSE, 1999, p.3).

3.2 The Learning and Development Department is responsible for providing staff with the theory required for a particular clinical skill that has been identified through a service requirement, patient specific requirement or continuing professional development (see Appendix 2).

3.3 Line managers are responsible for ensuring that the staff they line manage have the skills and knowledge to perform the role and purpose of their job to the full and in line with their job description. The line manager is also responsible for regular reviews of their competence at staff one to ones and at appraisal.

3.3 To enable an Assessor of Practice (Registered Nurses only) to be able to assess an individual practitioner’s knowledge and competencies he/she must:

- be a registered health care professional working within Somerset Partnership NHS Foundation Trust or an accredited external assessor
- hold a recognised teaching and assessing qualification
- be confident and competent in performing the skill
- practice the skill regularly
- has sound knowledge of the relevant policies and procedures, has attended an approved assessors course
- has read and understood the policy for assessing competency in clinical practice

Key for assessment:

1 = No knowledge/experience  
2 = Some knowledge/experience  
3 = Competent  
4 = Competent with some experience  
5 = Competent, experienced and able to teach others

3.4 It is expected that staff undertaking new clinical skills will demonstrate competence to:

- identify own professional accountability and personal responsibility for maintaining competence in their own practice
- identify relevant local and national policies
- select and utilise relevant research as an aid to practice
- to be able to correctly identify the patient before commencing skill/treatment
- assess the individual needs of the patient treat the patient with respect and maintain dignity at all times
- uphold the role of advocate for the patient
- actively involve the patient in decision making surrounding care and ensure informed consent
- accept own limitations and know when to seek advice or refer
• accept responsibility for their own practice at all times

4. EXPLANATIONS OF TERMS USED

4.1 Competency Assessment – an assessment that is both undertaken by the assesse and completed by the assessor. The competency assessment once completed only ensures that the person is competent at the time of assessment.

4.2 Assessor – a person who has the necessary teaching and assessing qualification

5. APPROVED TEACHING AND ASSESSING COURSE – applies to Registered Nurses only

5.1 When teaching and assessing competency Registered Nurses even when in possession of a degree/masters level of education must have a recognised qualification for teaching and assessing to be an assessor. The following list of qualifications has been agreed;

• ENB 998
• Certificate of Education
• PGCE (Post-grad Certificate of Education)
• HEA 369 (Learning and assessing in practice)
• Basic Clinical Educator or Advance Clinical Educator course
• CPT (Clinical Practice Trainer) or SPM (Specialist Practice Mentor)

5.2 District Nurses and Health Visitors have teaching and assessing within their training, therefore, do not require a further qualification for assessing nurses or other healthcare workers.

5.3 When teaching and assessing support workers. For example, Health Care Assistants, Assistant Practitioners, Rehabilitation Assistant or Care Assistant, a Registered Nurse must be in possession of one of the following;

• TDBL D32/33 OR A1
• City and Guilds 730
• Basic Clinical Educator

6. MENTORING STUDENTS

Registered Nurses

6.1 All staff that mentor students must attend the mentorship annual update training provided via the Training and Education Department. This is a mandatory requirement by the NMC for all nurses who support students. This can be either a face-to-face session or an e-learning up-date. Face-to-face sessions must be attended at least once every 3 years

6.2 Second and third year nursing students must have a mentor on the same branch of training as the student.
6.3 Sign-off mentors are only required for third year students in their final year placement. To assess third year students at their final placements sign-off mentors must:

- Be registered as a sign off mentor on the organisation’s mentor data base
- Be required to have two students in the last three years
- Attend the annual mandatory mentor update training

**IF ALL THREE AREAS HAVE NOT BEEN ACHIEVED THEN YOU CANNOT BE A SIGN OFF MENTOR UNLESS YOU WERE ON THE TRUST MENTOR DATABASE BEFORE 1998. THE TRUST EDUCATION LEAD IN THE LEARNING AND DEVELOPMENT DEPARTMENT CAN ADVISE.**

Allied Health Professionals

6.4 Clinical Educators (Allied Health Professionals) are assigned to students on the basis of their knowledge and skills and must have completed a Clinical Educators Course. Students may work with any member of staff but must have their assessments completed by an assigned Clinical Educator.

7. **THE ASSESSMENT PROCESS AND MONITORING**

7.1 Each clinical skill has its own set of identified competencies.

7.2 Each competency has two columns for assessment of competence (see Appendix C). The first column is for the individual to use as a checklist in assessing competence under direct supervision. The second column is for the assessor of practice to assess competence achieved.

7.3 The ‘Record of Achievement of Competence’ with each skill is to sign off an individual to undertake the clinical skill in clinical practice.

7.4 This record will ensure the organisation has the information required that staff have reached a level of competence to ensure patient safety.

7.5 If the situation arises when staff do not reach the level of competence following 3 formal assessments and there is evidence of support and guidance then the staff member may need referring to Human Resources by the line manager.

7.6 Individual competence must be reviewed annually by the line manager at their Personal Development Review/Appraisal and these records maintained by the individual and line manager.

7.7 It may be necessary for all staff to access further updates/ training to enable them to practice competently and confidently. This should be considered after periods of extended absence through sickness or maternity leave or where lack of clinical opportunities has compromised potential competence.

7.8 Bank and Agency staff must provide written evidence of training and competence in a particular skill before utilising it.
8. TRAINING AND ASSESSMENT OF COMPETENCE (ALL DISCIPLINES)

8.1 Newly qualified or newly appointed practitioners to Somerset Partnership NHS Foundation Trust who are unable to demonstrate attendance at an approved training session along with signed off competency will be expected to undertake the organisations approved training course for the identified clinical skill or an assessment of competence by either their line manager, Clinical Skills Facilitators or a recognised assessor of practice within their own clinical area.

8.2 Any support worker to whom a task has been delegated should be appropriately trained and supported to ensure that the activity can be undertaken competently. Staff delegating a particular task will remain accountable for that delegated task at all times.

8.3 Education and training will include the theoretical knowledge and practical skills.

8.4 This will be followed by a period of supervised self assessment utilising the competencies for that particular skill.

8.5 When the assessor agrees that the individual has achieved competence in each aspect of care in that particular skill they can sign off the individual as competent and return the ‘record of achievement of competence’ to the Training, Education and Development Department so the information can be recorded on the individual’s Electronic Staff Record (ESR).

9. EQUALITY IMPACT ASSESSMENT

9.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Document Lead (author) who will then actively respond to the enquiry.

11. MONITORING COMPLIANCE AND EFFECTIVENESS

11.1 This policy will be reviewed every three years or updated sooner following new guidance.

11.2 Review of competence will be undertaken at time of appraisal to ensure the appraisee is still utilising the competency and is still capable and confident in their abilities in line with the their Knowledge and Skills Framework. The line manager will ensure that any deficit in knowledge and skills is addressed prior to appraisal.

11.3 Incidents reported via DATIX will be reviewed and any competency related issues will be addressed either with the individual and learning will be shared with the relevant Best Practice Groups.
12. COUNTER FRAUD

12.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

13. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

The standards and outcomes which inform this procedural document, are as follows:

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<td>16 Assessing and monitoring the quality of service provision</td>
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14. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

14.1 References


14.2 Cross references to other procedural documents

Appraisal Policy for Medical Staff
Clinical Supervision and Coaching Policy
Learning, Development and Mandatory Training Policy
Mandatory Training Matrix
Professional Social Workers Supervision Policy
Staff Appraisal and Management Supervision Policy
Record Keeping and Records Management Policy
Training Prospectus

All current policies and procedures are accessible to all staff on the Trust intranet (on the home page, click on ‘Policies and Procedures’). Trust Guidance is accessible to staff on the Trust Intranet (within Policies and Procedures).

15. APPENDICES

15.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such. This should include any relevant Clinical Audit Standards.

Appendix A  Benner's Novice to Expert.
Appendix B  Implementation process for new skills and competencies
Appendix C  Assessment of competency process
APPENDIX A

NOVICE TO EXPERT

Stage 1: Novice

➢ Performance is guided by rules and objectives
➢ Lacks a strategy for practice
➢ Whole situation is not understood
➢ No experience of the situation
➢ Inability to discuss reasons for practice

Stage 2: Advanced beginner

➢ Has prior experience of the situation
➢ Can identify overall important aspects of a situation
➢ Unable to sort out priorities in a situation
➢ Compares, contrasts and discriminates aspects of the situation
➢ Beginning to develop a strategy for practice

Stage 3: Competent

➢ Has a long-range view of practice
➢ Develops a strategy for practice
➢ Practice informed by analysis and problems solving
➢ Identifies own practice goals and formulates plans for achieving these
➢ Can manage many aspects within a situation

Stage 4: Proficient

➢ Has holistic understanding of the situation
➢ Coherent strategy for practice developed
➢ Adopts a problem-solving approach in each situation
➢ Prioritises between competing variables
➢ Theorises and well developed perspectives guide performance

Stage 5: Expert

➢ Designs and implements a process for resolving situations
➢ Highly developed, organised and integrated strategy for practice
➢ Decision-making based on sound analysis of the situation
➢ Intuitive grasp of the situation
➢ Innovative and creative

THE IMPLEMENTATION PROCESS FOR NEW COMPETENCIES

PLANNED SERVICE DEVELOPMENT

STAFF APPRAISALS WRITTEN TO INCORPORATE INDIVIDUALS’ DEVELOPMENT IN IDENTIFIED NEW SKILLS

MANAGERS TO INFORM CLINICAL WORKING GROUP/CLINICAL PRACTICE TEAM OF NEW TRAINING NEEDS

CLINICAL PRACTICE TEAM TO COORDINATE THE WRITING OF APPROPRIATE NEW COMPETENCIES FOR NEW SKILLS REQUIRED. COMPETENCY APPROVED BY CLINICAL GOVERNANCE

LEARNING & DEVELOPMENT TEAM WILL ORGANISE APPROPRIATE TRAINING

FOLLOWING TRAINING COMPETENCY TO BE ASSESSED FOR IDENTIFIED INDIVIDUALS

NEW SERVICE IMPLEMENTED

PATIENT CONDITION REQUIRES NEW SKILL TO BE DEVELOPED WITHIN THE ORGANISATION

MANAGERS/MATRONS/AHP’s IN AREA WHERE SKILL IS REQUIRED TO MAKE LOCAL ARRANGEMENTS FOR TRAINING IN NEW SKILL TO ENABLE PATIENT TO BE CARED FOR APPROPRIATELY

MATRON/ AHP OR NURSE TO INFORM SENIOR NURSE FOR CLINICAL PRACTICE / TED TEAM OF NEW SKILL/ TRAINING AND COMPETENCY REQUIRED

NEW SKILL OR NEW TRAINING NEED TO BE DISCUSSED WITH CLINICAL PRACTICE TEAM IDENTIFY IF NEW SKILL A CONTINUED REQUIREMENT

YES

NO

NO FURTHER ACTION
ALL NEW STAFF TO HAVE COMPETENCY PROCESS EXPLAINED AS PART OF LOCAL INDUCTION. EVIDENCE OF PREVIOUS TRAINING AND COMPETENCY PROVIDED FOR LINE MANAGERS

STAFF TO SELF ASSESS ON ALL COMPETENCIES THEY ALREADY UNDERTAKE

FORMAL ASSESSMENT BY A RECOGNISED ASSESSOR OF PRACTICE FOR THAT PARTICULAR SKILL. TO BE ACHIEVED WITHIN 3 MONTHS

COMPETENT

STAFF MEMBER KEEPS COPY FOR OWN PORTFOLIO
ONE COPY TO TED ADMINISTRATOR FOR ENTRY ONTO ESR
MANAGER TO KEEP COPY FOR REFERENCE

RECORD OF TRAINING AND COMPETENCE ENTERED ONTO ESR BY TED ADMINISTRATOR

COMPETENCY REVIEWED AT ANNUAL APPRAISAL

NOT COMPETENT OR NO DOCUMENTARY EVIDENCE

STAFF MEMBER BOOKS A PLACE ON THE APPROPRIATE TRAINING OR DOES FURTHER READING, SHADOWING AND SUPERVISED PRACTICE AS REQUIRED

NEW COMPETENCY

IF COMPETENCY NOT ACHIEVED – REVIEW BY LINE MANAGER REGARDING APPROPRIATENESS OF CONTINUATION WITH THIS SKILL. FURTHER SUPPORT MAY BE REQUIRED AND /OR HR INVOLVEMENT