

Standard Operating Procedure

WRITING A COMPETENCY FRAMEWORK

SETTING Trust wide
FOR STAFF Nursing Staff and Allied Health Professionals
PATIENTS

STANDARD OPERATING PROCEDURE

A competency is described as a skill, knowledge and/or behaviour that an individual needs to have or acquire in order to perform effectively in a given job, role or situation. As such, competencies are the inputs of an individual to demonstrable, measurable performance outputs known as competence.

A competency framework is a formalised method of defining each competency requirement for an individual to achieve competence in a job, role or situation.

This SOP will refer to competency frameworks in terms of specific or specialist new skill or role competencies.

Competence involves the demonstration of skills, knowledge, abilities and attitudes in accordance with the following principles:

- Consistency (the ability to repeat practice techniques and outcomes).
- Independence (the ability to practice without assistance from others).
- Timeliness (the ability to practise in a time frame that enhances patient safety).
- Accuracy (the ability to practise utilising correct techniques and to achieve the intended outcomes).
- Appropriateness (the ability to practise in accordance with clinical standards and protocols outlined within the practice jurisdiction).

The following core elements need to be considered or incorporated within a competency framework.

- The rationale for the development of the competency.
- Description of the evidence underpinning this standard
- Description of who will be undertaking this competency and in what circumstance.
- Scope of practice, i.e. clarity around who can practice within the competency.
- Description of any pre-requisites to undertaking this role and other educational requirements.
- Details of the timescales for completion of this competency.
- Links to medical devices where appropriate.
- Links with Patient Group Direction (PGD) or prescribing

How to Use a Competency Framework

- *Knowledge criteria* refer to the academic knowledge and understanding that is required to perform a specific task or skill effectively. e.g. the nurse must have basic understanding of the anatomy and physiology of the upper respiratory tract in order to care effectively for a patient with a tracheostomy.
- *Performance criteria* refer to the standards by which an individual's performance is evaluated. Performance criteria help assessors maintain objectivity and provide students with important information about expectations, giving them a target or goal to strive for. e.g. the nurse can demonstrate how to change a tracheostomy dressing effectively.
- *Assessment* refers to whether a competency has been achieved and *Level of achievement* refers to the level of a practitioner's understanding, knowledge and skill.

- *Evidence to support practice* refers to what supporting evidence has been demonstrated to support clinical practice.

Methods to evidence competency:

1	Direct observation by Mentor The mentor directly observes the learner demonstrating a competency in the practice area and records the level of achievement.
2	Direct observation by an Expert Witness/Work based Assessor Statement An Expert Witness or qualified work based assessor, who directly observes the learner demonstrating a competency in the practice area and records the level of achievement.
3	Interview Their mentor interviews the learner in order to assess understanding. The mentor/coach will record the level of achievement.
4	Written reflection Learners are required to complete a written reflective account in order to demonstrate their understanding of principles and practice.
5	Simulation The learner could demonstrate their ability to perform clinical skills in a simulated situation, e.g. a skills laboratory if appropriate.

Within the competency there must be at least 2 examples of evidence from the list above.

(NB; Patient Confidentiality must be maintained at all times. References to patient identification must not be used when formulating records of evidence).

Assessment Strategies:

Assessment should be carried out in 3 parts.

- **Self-assessment** - by the learner with support from the mentor shortly after the commencement of the competency.
- **Formative assessment** – by the learner and mentor during the process of collecting evidence.
- **Summative assessment** – by the learner and mentor to determine the level of achievement.
- You will need to state who is eligible to undertake the role of the mentor and how they are equipped to undertake this role.
- The mentor will verify the assessment of practice, act as a support and guide.
- Completion of the competencies is expected to be a collaborative process between the learner and the mentor.

Ongoing assessment

- Three yearly review
- Use as part of staff appraisal

Level of achievement required

New specialist/specific skill competency will be assessed using the competency Scoring System listed below:

Level	Description
1	Knows nothing about the skill.
2	Doubts knowledge and ability to perform the skill safely, without supervision.
3	Could perform the skill safely with supervision.
4	Confident of knowledge and ability to perform the skill safely.
5	Could teach knowledge and skills to others and can demonstrate initiative and adaptability to special problem situations.

Competency in UHBristol will be demonstrated at level 4 or above.

There may be requirements around assessment criteria stipulated by a professional body/supplier of a piece of equipment. If this is the case this should be built into the assessment framework. If there are no such stipulations it is important to note in the framework that self and formative assessment is undertaken until the learner feels confident to undertake the summative assessment, i.e. final assessment sign off.

Role competencies will be assessed using the following competency scoring system:

Level	Description
Stage 1	This stage applies to the newly qualified RN or practitioner who is new to this specialty. It may also apply to the RN who has not been exposed to specific procedures, technology or equipment. This stage is mainly observational with practice performed under direct supervision. This phase should last a matter of weeks, depending on your clinical area, and individual need.
Stage 2	At this stage the RN can demonstrate acceptable skills in practice. Practice is supported and guided under direct or indirect supervision. The RN has enough knowledge and understanding of the rationale for their practice and should be able to provide some evidence to support their practice.
Stage 3	The RN can demonstrate the skills and knowledge necessary to practice without supervision. At this stage the practitioner can demonstrate knowledge and understanding of the rationale for their practice and should be able to provide some evidence to support their practice.
Stage 4	The RN can demonstrate knowledge, skills and understanding to others through multi-professional discussion and nursing evaluation of care interventions. S/he is a proficient performer with experience of a variety of critical care situations. S/he can give a full evidence based rationale for nursing actions. The practitioner has the skills for effective dissemination of information to other professionals and colleagues.
Stage 5	The RN has an increased level of experience within adult nursing practice. S/he demonstrates all the knowledge, skills and understanding of the previous stage and in addition can manage complex care situations. S/he is able to assess the type and depth of knowledge required to perform practice at determined levels, giving support and feed back to enhance learning and develop the practice of others. At this level the RN can reflect on and analyse their practice and that of others.

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There may be requirements around assessment criteria stipulated by a professional body/supplier of a piece of equipment. If this is the case this should be built into the assessment framework. If there are no such stipulations it is important to note in the framework that self and formative assessment is undertaken until the learner feels confident to undertake the summative assessment, i.e. final assessment sign off.

Competency Recording

As a minimum the following templates need to be built into your competency framework in order to receive Trust ratification - Competency template – Appendix A or Appendix B

A portfolio may be built up by an individual detailing a range of competencies undertaken within the role.

Evidence of completed competencies should be held at department/ward level with copies being held in personal files. Where possible, records of competencies should also be uploaded on the electronic staff record. The assessor/mentor/expert witness undertaking the assessment should be competent in the skill themselves

Summary

Prior to practising the competency unsupervised, the learner must demonstrate the following:

- Assessed as competent in the identified competency.
- Have their competency status authorised with a portfolio of supporting evidence detailing learning achievements.
- Demonstrate awareness of accountability, autonomy and responsibility around the competency identified.

Approval of Competencies

Divisional specific skills competencies will be approved through local governance group. Those skills relevant Trust wide will be submitted to the Chief Nurse and all role competencies will be submitted to the Nursing and Midwifery Committee for ratification.

Dissemination of Competencies

Heads of Nursing/Midwifery, nurse consultants, clinical nurse specialists, matrons and ward sisters will be informed via a Dissemination Plan. The approved Competency will be held on the Document Management System.

Support/Help to Write Competencies



Skill Competency (Insert skill)

Aim: The member of staff will demonstrate the knowledge and skills required to safely perform

Standard: All staff Health Care Staff undertaking in clinical practice.

Assessment guidelines:

Knowledge assessment is gained during - whoever delivers the training will sign and date that they have included all of the knowledge and understanding criteria.

Practical assessment will be undertaken in the clinical area by another member of staff who is an experienced registered practitioner currently working within the clinical area. All criteria must be met to achieve competence. When competent, the member of staff will be able to:

- Display knowledge and understanding of the procedures through their actions when undertaking clinical observations with the patient
- Perform, under supervision
- Document
- Demonstrate competence in using equipment associated with

Formative assessments will be undertaken until the learner and mentor have agreed that a final summative assessment should be held.

Level	Description
1	Knows nothing about the skill.
2	Doubts knowledge and ability to perform the skill safely, without supervision.
3	Could perform the skill safely with supervision.
4	Confident of knowledge and ability to perform the skill safely.
5	Could teach knowledge and skills to others and can demonstrate initiative and adaptability to special problem situations.

Example of competency content

Knowledge and Understanding Criteria

By the end of the assessment theshould demonstrate knowledge and understanding and be able to apply the following:

Competency.....	Level of achievement	Evidence to support practice	Mentor
The Practitioner will demonstrate a working knowledge of :			

Performance Criteria

By the end of the assessment the should demonstrate performance and be able to undertake the following:

Competency.....	Level of achievement	Evidence to support practice	Mentor
The Practitioner will demonstrate the following:			

Appendix B Role/Job Description Competency Template

Role Competency (Add the role here)

Introduction

Some hints to complete this section

(Describe the role / job description this competency is attached to.

Adult Learning Stages

At all times the has a responsibility to recognize their limitations in their practice, as stated in the NMC's code of conduct, and seek appropriate support and advice.

Stage 1

This stage is mainly observational with practice performed under direct supervision.

Stage 2

At this stage thecan demonstrate acceptable skills in practice. Practice is supported and guided under direct or indirect supervision. Thehas enough knowledge, experience and exposure to recognise some priorities in patient care.

Stage 3

The can demonstrate the skills and knowledge necessary to practice without supervision. At this stage the practitioner can demonstrate some knowledge and understanding of the rationale for their practice and should be able to provide some evidence to support their practice.

Stage 4

The..... can demonstrate knowledge, skills and understanding to others through multi-professional discussion and nursing evaluation of care interventions. S/he is a proficient performer with experience of a variety of critical care situations. S/he can give a full evidence based rationale for nursing actions. The practitioner has the skills for effective dissemination of information to other professionals and colleagues.

RS – Remote Supervision

NR – Near Supervision

DS – Direct Supervision

