

Northern Ireland Blood Transfusion Service

POLICY DOCUMENT**Document Details****Document Number:** POL:10:LP:006:05:NIBT**No. of Appendices:** NONE**Supersedes Number:** POL:10:LP:006:04:NIBT**Document Title:** LABORATORY TRAINING AND COMPETENCY POLICY**ISSUE DATE:** 28 JANUARY 2019 **EFFECTIVE DATE:** 20 FEBRUARY 2019**Document Authorisation****Written By:** Giselle McKeown, Laboratory Training Officer**Signature:** _____ **Date :** _____**Authorised By:** Alison Geddis, Laboratory & Donor Services Manager**Signature:** _____ **Date :** _____**CROSS REFERENCES**

This Policy refers to the following documents:

Doc Type	Doc. No.	Title
POL	PP:021	Knowledge and Skills Framework Policy
POL	PP:031	Corporate Training Policy
SOP	LS:001	Laboratory Training and Competency Procedure
POL	PP:034	Policy and Procedure for the Maintenance of Professional Registration
POL	PP:009	Selection and Recruitment Policy
POL	PP:037	Capability policy and process
SOP	QA:081	Change Control Procedure
MAN	LB:001	Laboratory Training Programme

Key Change from Previous Revision:

BMS changed to Biomedical Scientist throughout.

Laboratory Manager changed to Laboratory & Donor Services Manager throughout

Clinical Pathology Accreditation changed to United Kingdom Accreditation Service

Reference to UK Transfusion Laboratory Collaborative 2014 and addition of FORM:DD:1653 'Record of Supervised On Call Training' to section 4.4.3.

Removal of automatic progression to Band 6 upon completion of IBMS Registration Portfolio in section 4.5.

Addition of reference to Regional Training Programme in section 4.5

1 STATEMENT

This Policy should be read in conjunction with the Corporate Training Policy (POL:PP:031), which sets out the training requirement in NIBTS with respect to compliance with relevant legislation and regulations citing in particular the Blood Safety and Quality Regulations 2005/50 as amended, United Kingdom Accreditation Service (UKAS) to ISO 15189 and the requirements of the Health & Care Professions Council (HCPC) and the Institute of Biomedical Science (IBMS). This policy should also be read in conjunction with the Knowledge and Skills Framework (KSF) Policy (ref POL:PP:021) which is central to the Agency's commitment to the staff review process.

The Laboratory Training and Competency Policy sets out in more detail the requirements pertaining to NIBTS Laboratories and the additional requirements to meet the clinical laboratory standards for pre and post registration training of Biomedical Scientists as determined by the Institute of Biomedical Science (www.ibms.org).

2 OVERVIEW

The principal objectives of Laboratory Training are as follows:

- To ensure that all laboratory staff (including placement students) have a corporate induction.
- To ensure that all laboratory staff (including placement students) have a laboratory familiarisation and induction.
- To ensure that all laboratory staff (including placement students) are given the appropriate training required for their job.
- To ensure that Biomedical Scientist staff maintain "fit for practice" status as required by HCPC.
- To ensure that all training requirements have been identified and training carried out.
- To ensure that all staff returning to work after prolonged absence have appropriate "return to work training" as required

- To ensure that all training has been assessed where appropriate and recorded.
- To ensure that assessment is carried out on a regular basis.

This policy is executed through SOP:LS:001 'Laboratory Training and Competency Procedure', which details the training and competency assessment of members of laboratory staff and placement students.

3 RESPONSIBILITY

The Laboratory & Donor Services Manager will be responsible for the management and professional development of departmental staff. The Laboratory & Donor Services Manager will delegate the role of Laboratory Training Officer (LTO) and in cooperation with the LTO will develop effective programmes of training for all departmental staff and placement students. The Laboratory & Donor Services Manager will deploy staff to meet the needs of the service as required, when time is set aside to deliver training.

The LTO will plan induction for all new members of staff and placement students and prepare a training plan for each member of staff / placement student. Each Department Head is responsible for delivery of training within his/her department and must ensure that training of Biomedical Scientist staff / placement students is delivered by HCPC registered staff.

The Laboratory & Donor Services Manager will ensure that the LTO and additional members of staff (as required) have undergone the Mentor Training Programme provided by the university. The Laboratory & Donor Services Manager will ensure that each Biomedical Scientist trainee / placement student will be assigned a mentor.

The section head or line manager will review regularly the performance of staff and oversee staff members' training record. Each member of staff / placement student has responsibility to maintain his/her training record.

Biomedical Scientist staff have a responsibility to maintain a portfolio of Continuous Professional Development (CPD) in line with the requirements of the HCPC. This is subject to periodic review by the HCPC. As per (POL:PP:034), 'Policy and Procedure for the Maintenance of Professional Registration', each Biomedical Scientist member of staff has a responsibility to ensure that HCPC registration is maintained.

4 POLICY

4.1 INDUCTION

All new staff / placement students must participate in the NIBTS Corporate Induction, commencing on the first day of appointment. This will include a familiarisation tour of the building and a presentation by the Senior Management Team at a later stage. A Laboratory Induction will also take place in the first two weeks of appointment and each appointee / placement student will be provided with a laboratory induction programme. Following induction each individual will receive a Laboratory Training Portfolio, and a Laboratory Training Programme.

4.2 MANDATORY TRAINING AND ASSESSMENT

GMP training and assessment is detailed in the Corporate Training Policy POL:PP:031 and requires all members of staff to be trained annually. New staff must receive introductory GMP training within two weeks of starting work. Other mandatory training e.g. manual handling training will be organised by the HR & Corporate Services Department as per statutory requirements.

4.3 LABORATORY TRAINING

Each member of staff / placement student should be given a training portfolio with a list of training requirements pertinent to their post and their current assigned laboratory. Training on procedures will be delivered by the Head / Deputy Head of department, author of the SOP or member of staff fully trained and competent in the procedure. Placement students and rotational staff will receive additional training requirements pertaining to each laboratory when they are rotated.

As per Corporate Training Policy (POL:PP:031), training and assessment on new or reviewed SOPs (if required) should be completed before the effective date of the SOP (normally within 4 weeks of issue).

4.4 ADDITIONAL TRAINING

4.4.1 Individual Training Programme

Each staff member should have an individual training programme informed by his/her KSF staff development review. This will identify training gaps and training needs for the following year and may include attendance at courses and/or conferences, professional development through delivery of new techniques and involvement in validation projects etc. All laboratory members of staff / placement students are encouraged to participate in the Continuous Development (CPD) programme organised by the LTO.

4.4.2 New Developments

Potential future developments involving new technology / methods will be managed through the Change Control Procedure (SOP:QA:081) and will include provision of training in the action plan. For developments involving new instrumentation, the training may be provided by the manufacturer either in-house or at a facility suggested by the manufacturer. At a minimum two members of staff should be trained and will be chosen by the head of department in consultation with the Laboratory & Donor Services Manager.

The criteria used to make the choice are:

- Skills
- Aptitude
- Availability to troubleshoot the instrument
- Ability to train other members of staff
- Availability to train other members of staff and cascade training

4.4.3 On-call training

HCPC registered Biomedical Scientist staff, who wish to participate in the Biomedical Scientist on-call rota should inform their line manager to facilitate consideration by the laboratory management team when deciding staff rotation. All applications for on-call training will be considered and training arranged in line with the needs of the service. A specific training plan, agreed and signed off by the heads of Reference Laboratory and Hospital Services will be provided and members of staff will not be permitted to go on-call until deemed competent by the heads of these departments. In accordance with the UK Transfusion Laboratory Collaborative Guidelines (2014) members of On-call staff who do not routinely work in Reference Laboratory or Hospital Services will complete a minimum of 10 working days per annum of supervised tasks in these areas, and this training will be recorded on FORM:DD1653.

4.4.4 Re-training / Re-assessment

Upon returning to work following a prolonged absence, in line with the Corporate Training Policy (POL:PP:031), a member of staff will be assessed by his/her line manager as to their training needs prior to commencing normal duties.

Re-training may also be required following certain incidents raised against the laboratory. Training and competency re-assessment needs will be specific for each individual case and all evidence of re-training or re-assessment will be recorded in the individuals training folder.

4.5 BIOMEDICAL SCIENTIST TRAINEES/UNIVERSITY PLACEMENT STUDENTS

Training of placement students and Biomedical Scientist trainees must be supervised by HCPC registered Biomedical Scientist staff. Placement students / trainees will be required to attend a programme of seminars and tutorials organised by the Laboratory Training Officer (LTO), which may be hosted outside NIBTS. One day per week will be allocated to facilitate time for study including attendance at the programme of seminars.

In addition each Biomedical Scientist trainee / placement student will be assigned a mentor, with whom they will have regular meetings. The mentor for university students will complete three monthly reports for the university. The university will liaise with the student through the university placement officer and with the laboratory through the employer liaison representative.

Trainees / students will follow a departmental in-house training programme in accordance with HCPC / Institute of Biomedical Science (IBMS) requirements and complete the Certificate of Competence Registration Portfolio. Students must complete this during their year of professional placement and trainees will also be expected to complete within the year.

The portfolio is assessed internally by the LTO and verified externally by an IBMS representative as organised by the University / IBMS. Successful completion of the portfolio is a necessary requirement for registration with the HCPC. Following HCPC registration the Biomedical Scientist trainee will progress to

registered Biomedical Scientist. All other progression within NIBTS is via selection and recruitment in line with the 'Selection and Recruitment Policy' (POL:PP:009).

POST REGISTRATION TRAINING

Biomedical Scientists recruited into Band 5/6 posts must obtain IBMS Specialist Portfolio in Transfusion Science or BBTS Specialist Certificate in Transfusion Science Practice within 36 months of appointment to allow progression to Band 6. [Agenda for Change](#) will only allow career advancement through its pay bands upon demonstration of the required knowledge and skills. The IBMS Specialist Portfolio or BBTS Specialist Certificate in Transfusion Science Practice can be used as evidence to help biomedical scientists seeking promotion to a higher pay band.

IBMS Specialist Portfolios recognise the post-registration training and specialist experience of biomedical scientists in the early years of their career. The portfolio enables biomedical scientists to provide evidence of training, practical skills, specialist knowledge and competency gained in the two/three years after registration. Successful completion of the portfolio will lead to the awarding of a Specialist Diploma.

The British Blood Transfusion Society (BBTS) support the professional community by providing career development and learning opportunities, ensuring the constant advancement of the profession. BBTS offers the Specialist Certificate in Transfusion Science Practice via distance learning schemes of self guided study.

Further details on the IBMS Specialist Portfolio and the BBTS Specialist Certificate can be found in the Laboratory Training Programme LB:001 and also on the corresponding websites, www.ibms.org & www.bbts.org.uk

REGIONAL TRAINING PROGRAMME

NIBTS has devised a Regional Training Programme for staff currently completing their IBMS Specialist Portfolio or the BBTS exam throughout Northern Ireland and aims to be the centre of excellence for transfusion science in the province. This programme consists of a series of lectures and PowerPoint presentations organised by each Laboratory Head focussing on their department, followed by questions and portfolio evidence. Following lectures from the relevant department, in the afternoon staff will be provided with a tour of that particular laboratory. Staff attending should have prior working knowledge and experience of hospital blood banks.

4.6 ASSESSMENT FRAMEWORK

Staff training should be assessed to give assurance that training is effective. There are various assessment tools which may be used and the following are suggested for consideration.

Participation in National External Quality Assurance Scheme exercises.
Internal quality assurance exercises.
Written assessment of training provided.

Visual assessment or observation of tasks being performed.
Oral questioning of staff member after training.
Ongoing monitoring of staff performance.
Review of quality incidents related to 'training post'.

The Head of Department will determine which SOPs require a competency assessment and the format of the competency assessment. Competency assessment on relevant SOPs will be re-assessed regularly, in line with SOP reviews (annual or bi-annual) or as methods change. Competency assessments should be entered in the individual staff member's training record.

Following failure of a competency assessment, further training will be delivered to assist members of staff in maintaining performance standards. POL:PP:037 (Capability Policy and Process) deals with arrangements for managing circumstances where staff become incapable of undertaking their contractual obligations.

5 EQUALITY SCREENING OUTCOME

This policy has been drawn up and reviewed in light of the statutory obligations contained within Section 75 of the Northern Ireland Act (1998). In line with the statutory duty of equality this policy has been screened against particular criteria. If at any stage of the life of the policy there are any issues within the policy which are perceived by any party as creating adverse impacts on any of the groups under Section 75 that party should bring these to the attention of the Head of HR & Corporate Services

The Northern Ireland Blood Transfusion Service is committed to the promotion of equality of opportunity for staff, donors and service users. We strive to ensure that everyone is treated fairly and that their rights are respected at all times. We believe that it is important that our policy is understood by all those whose literacy is limited, those who do not speak English as a first language or those who face communication barriers because of a disability. On request it may be possible to make this policy available in alternative formats such as large print, Braille, disk, audio file, audio cassette, Easy Read or in minority languages to meet the needs of those not fluent in English.

6 TRAINING REQUIREMENTS

All laboratory staff, and placement students, must read and understand this policy.