**Removal/Addition of Competencies from Role Specific Training – Standard Operating Procedure (SOP)**

**Document Change History (changes from previous issues of policy (if appropriate) :**

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| **Version num**ber | **Page** | **Changes made with rationale and impact on practice** | **Date** |
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# Purpose

This Standard Operating Procedure describes the process to be followed by managers when they require a competency to be either removed or added from a member of staff’s Role Specific Training (RST) profile.

# Flow Chart

Process for the adding or removing of competencies:

Manager logs onto the L&D Portal and completes the template requesting an amendment to their member of staff’s RST profile

The Head of Simulation Manager will quality assure the request



The Simulation Manager will contact the requesting manager within 1 week of receiving the request if additional information is required

If the request is denied, the manager may appeal. They will do this within 1 week of receiving the original decision. The appeal will be heard by the Clinical Education Manager with input from the relevant SME (subject matter expert). A final decision will be made and the manager notified within 4 weeks of receiving the appeal

If approved, the template will be sent to the Learning & Development Dept. Admin Team who will make the agreed changes to the relevant profiles

All amendments to profiles will be recorded and saved in a secure folder on the G drive by the Learning & Development

# Procedure and Guidance

## Role Specific Training (RST) is defined as training has been agreed as a requirement to maintain clinical competence, or support practice by a lead body. This training is intended to improve the quality of care being delivered to the people who use our service

* 1. RST competencies are agreed by the Education Governance Group (EGG) following recommendations made by the Subject Matter Expert (SME) Group.
  2. The Learning & Development Team are responsible for the administration of Mandatory and Role Specific Training competencies within ESR. This includes the adding or removing of competencies for staff groups or individuals
  3. A manager may request the addition or removal of a RST competency for a member of their staff if they believe their training profile is inaccurate. Individuals cannot request changes for themselves
  4. Requests to change Consultant competencies must come from a Clinical Director
  5. To request an amendment, the manager will access the Learning and Development Log a Job system from the desktop. From here the manager will be able to complete the template. This will include:
* The details of the staff member or staff group
* The competencies to be added or removed
* The rationale for the change

## Once received, the Simulation Manager will quality assure the request. To do this, they will take into account the requirements of the role, whether the individual is undertaking additional or reduced responsibilities and the supporting rationale.

* 1. If the removal of competencies will have a detrimental impact of patient safety, the Simulation Manager has the right to refuse the request
  2. The manager will be notified of the outcome via e-mail within 1 week of receiving the request. If the manager feels the decision is wrong, they will be able to appeal. The manager will have 1 week of receiving the original decision to make their appeal.
  3. The appeal will be heard by the Clinical Education Manager with input from therelevant SME (subject matter expert). A final decision will be made and the manager notified within 4 weeks of receiving the appeal. This decision will be final.

## Once approved, the template will be sent to the Learning & Development Dept. administration team who will make the agreed changes to the relevant profiles on ESR. Any changes will be prioritised depending on service need with records updated within two weeks of receiving the approval notification.

## All amendments to profiles will be recorded and saved in a secure folder on the G drive by the Learning & Development Dept.

1. **Exceptions**

There are no exceptions.

1. **Training**

If there are specific training requirements for staff please include details in this section

# Monitoring of Compliance

| **Minimum requirement to be monitored** | **Process for monitoring e.g. audit/ review of incidents/ performance management** | **Job title of individual(s) responsible for monitoring and developing action plan** | **Minimum frequency of monitoring** | **Name of committee responsible for review of results and action plan** | **Job title of individual/ committee responsible for monitoring implementation of action plan** |
| --- | --- | --- | --- | --- | --- |
| Manager notified of outcome via e-mail within 1 week of receiving the request | Audit | Head of Clinical Education and Simulation Manager | Annual | SME Group | Heads of Education |
| Appeals received within 1 week of decision | Audit | Head of Clinical Education and Simulation Manager | Annual | SME Group | Heads of Education |
| Manager notified of outcome of appeal within 4 weeks | Audit | Head of Clinical Education and Simulation Manager | Annual | SME Group | Heads of Education |
| Records updated within 2 weeks of receiving the approved template | Audit | Head of Clinical Education and Simulation Manager | Annual | SME Group | Heads of Education |

# Relevant Regulations, Standards and References

[Insert name and hyperlink to relevant document]

*Example: Regulation 20 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014*

<http://www.legislation.gov.uk/uksi/2014/2936/regulation/20/made>

# Equality, Diversity and Human Right Statement

The Trust is committed to an environment that promotes equality and embraces diversity in its performance both as a service provider and employer. It will adhere to legal and performance requirements and will mainstream Equality, Diversity and Human Rights principles through its policies, procedures, service development and engagement processes. This SOP should be implemented with due regard to this commitment.

# Legal Requirements

This document meets legal and statutory requirements of the EU General Data Protection Regulation (EU 2016/679) and all subsequent and prevailing legislation. It is consistent with the requirements of the NHS Executive set out in Information Security Management: NHS Code of Practice (2007) and builds upon the general requirements published by NHS Digital/Connecting for Health (CfH).