



Scientific and Technical Training and Competency Framework

September 2024

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Acknowledgement of Country

NSW Health Pathology acknowledges the Traditional Custodians of the lands where we work and live. We celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of NSW.

We pay our respects to Elders past, present and emerging and acknowledge the Aboriginal and Torres Strait Islander people that contributed to the development of this framework.

This artwork was created by Aboriginal artist, Elsie Randall, a proud Yagel/ Bundjalung woman from Maclean and Yamba on the NSW Far North Coast.

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1.1.1.1 More information

Scientific and Technical Strategy

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1

Introduction and application

1 Introduction

Over 3000 NSWHP scientists and technicians provide diagnostic, forensic and research services that touch people at every stage of life. They produce results that clinical teams use to make the best possible treatment decisions for patients, support the NSW criminal and coronial justice systems and conduct ground-breaking research.

The quality of these services relies heavily on the training and competency of individuals applying specialised expertise. Failure to ensure training and competency standards are met consistently across NSWHPs statewide operational footprint may significantly impact patient safety, increasing both clinical and regulatory risk.

This framework aims to provide a consistent approach to designing, developing, implementing, managing and evaluating scientific and technical training, competency assessment and monitoring activities and programs, with the goal of equipping learners with the skills and knowledge needed to provide confidence that the work they perform is consistently to the standard required to produce accurate test results.

2 Purpose

The goal of this overarching framework is to enhance clinical and scientific governance with a focus on quality and patient/client safety. The framework is designed to standardise practice and ensure that training and assessment aligns with regulatory and accreditation requirements, industry standards, best practices, and emerging educational evidence.

The framework provides a comprehensive overview of the key components, principles, and considerations necessary to create efficient, effective, impactful, and sustainable learning, assessment and monitoring experiences for participants.

More specifically the goals of this framework include:

- Mitigation of clinical, scientific and regulatory risk by managing training and competency requirements
- Transparency of records for accreditation, governance, planning and rostering
- Efficiency and productivity e.g. reducing duplication of documentation, reducing unnecessary retraining and competency reassessment, optimising delivery resources, reducing travel needs and streamlining competency development timelines
- Staff mobility statewide and cross discipline collaboration
- Statewide consistency by harmonising frameworks and documents
- Ability to benchmark to identify variation/gaps and support quality improvement
- Staff feel more valued, safe and supported improving retention
- Privacy and security of records
- Environmental sustainability e.g. utilising paperless, virtual and/or connected approaches

3 Strategic Alignment

This framework aligns with the strategic priorities of the NSWHP Strategic Plan Towards 2025, Our People Strategy and Clinical Services Plan.

NSW Health Pathology Strategic Plan Towards 2025:

Our patients, clinicians and stakeholders have results when they need them

- Our accurate test results and advice help patients, referring customers and stakeholders make informed decisions and keep our communities safe and well.

The service we provide is sustainable

- We reduce waste and unnecessary duplication to deliver efficient, sustainable systems and services that help us reach carbon neutrality and meet evolving community needs.

Our people feel they belong

- We feel valued, safe and supported in our roles and workplaces. We reflect the communities we serve and feel proud to work with NSWHP.

We're an integrated statewide service

- We're a digital, clinical and scientific organisation with integrated statewide systems and processes combined with the right technologies and people.

Our People Strategy:

We feel safe and valued	Implementation of this framework will streamline, standardise and improve training and competency documentation and processes to remove current bottlenecks impacting ability for our people to take leave.
We grow, develop and achieve our goals	Develop and implement a statewide framework for training and competency assessment to support quality and consistent scientific and technical capability

Clinical Services Plan:

This framework will support transition to a single Statewide Quality Management System (QMS), enabling the move from the current multiple disparate QMS existing across operational areas.

This framework will support creation of standardised statewide training, competency and monitoring to enable implementation of standardised statewide standard operating procedures.

4 Target audience

The target audience for this framework includes a diverse range of stakeholders across the full spectrum of scientific and technical training, competency assessment and monitoring including those involved in:

- operational management and supervision of scientific, technical and nursing staff
- design and development of training, competency and monitoring programs and materials
- co-ordination of training, competency assessment and competency monitoring
- delivery of training, conducting competency assessments and monitoring competence
- being trained, assessed and monitored
- evaluating training

5 Navigating the Framework

The framework has been divided into standalone sections for practical review and application, acknowledging the diverse organisational structures and roles across all operational areas.

	Section	Section overview	Who is this for?
1	Introduction and application	Purpose and strategic alignment of the Framework, outlines the target audience and scope of application as well as including sub-sections on risk and definitions.	All scientific and technical staff and supervisors
2	Training methods and competency development pathways	Flexible learning pathways based on prior learning and experience - includes training methods	Medical/Scientific/Pre analytical supervisors Staff planning and coordinating training Staff conducting training and assessment Staff developing training/competency assessment materials, activities and instruments
3	Training and assessment program design	Planned/structured programs - includes training needs assessments, training plans/schedules	
4	Training coordination and monitoring	Methods of monitoring and recording training to support participant progress towards competence	
5	Competency assessment methods and instruments	Standardised and risk-based competency assessments - includes assessment methods and instruments	
6	Competency decisions and actions	Standardised competency categories and associated conditions (replacing existing levels)	
7	Competency monitoring	Standardised and risk-based competency monitoring - includes monitoring/reassessment methods	Medical/Scientific/Pre analytical supervisors Staff planning and coordinating training Staff conducting training and assessment Staff developing training/competency assessment materials, activities and instruments
8	Refresher training	Targeted refresher training - includes triggers for retraining	
9	Requirements for individuals training, assessing, verifying and monitoring	Standardised requirements for individuals delivering training and conducting assessment/monitoring	
10	Requirements for supervisors and individuals being trained, assessed and monitored	Standardised roles and responsibilities for supervisors & individuals being trained/assessed/monitored	All scientific and technical staff and supervisors
11	Control of records, key performance indicators and transition arrangements	Storing/maintaining private, secure and measurable environmentally sustainable records - includes KPIs and framework transition arrangements	Medical/Scientific/Pre analytical supervisors Staff planning and coordinating training Staff conducting training and assessment Staff developing training/competency assessment materials, activities and instruments
12	Appendix	References to discipline specific training and competency related requirements.	

6 Scope of application

This framework is applicable to a wide range of scientific and technical areas within NSW Health Pathology, including but not limited to:

- Clinical Operations including metropolitan and regional pathology laboratories, Pre and Post Analytics, statewide Genomics service, Point of Care Testing, statewide Mass spectrometry, statewide Perinatal Post-Mortem Service
- Forensic & Analytical Science Service
- Statewide Biobank

7 Risk

This framework utilises a risk-based approach in which laboratory discipline areas assess and manage risks unique to their services through a dynamic and active risk management system. The approach aligns with the ongoing shift towards risk-based accreditation and governance models.

The approach also allows flexibility in the way laboratory discipline areas can address risk areas which enhance safety and quality rather than a blanket approach that may not be fit-for-purpose for all laboratories within NSW Health Pathology.

8 Definitions

Clinical Operations	Includes all staff (including laboratory staff) working in: • Metropolitan - Pathology services (laboratories) in South East Sydney, Sydney, Northern Sydney, Western Sydney, Nepean Blue Mountains, South Western Sydney and Central Coast LHDs • Regional - Pathology services (laboratories) located in Illawarra Shoalhaven, Mid North Coast, Northern NSW, Western NSW, Hunter New England, Murrumbidgee, Far West and Southern NSW LHDs • Statewide services - Pre and Post Analytics, statewide Genomics service, Point of Care Testing, statewide Mass spectrometry, statewide Perinatal Post-Mortem Service
Competence	An individual has the education, training, experience and demonstrated ability to perform a particular task to the standard expected and required in the workplace.
Competent	Having demonstrated the skills and knowledge required to perform to the standard expected and required in the workplace
Designated Person	The same as the definition in the NPAAC Requirements for Supervision in the Clinical Governance of Medical Pathology Laboratories
Participants	Individual being trained, assessed or monitored
Risk assessment	Means a technique that helps decision makers understand the risks that could affect the achievement of objectives as well as the adequacy of controls already in place
Risk management	Coordinated activities to direct and control an organisation regarding risk
Guidance and support provided during 'In training'	Guiding and supporting individuals as they gain the necessary skills and knowledge required to develop competence. This involves ensuring that participants adhere to policies and standard operating procedures, including safety procedures. Individuals providing guidance and support provide practical advice, feedback and ensure any outputs of work are accurate and meet quality, scientific and patient safety requirements.
Regulatory and accreditation requirements	International and/or Australian Standards, Federal or State government acts, NATA requirements or NPACC requirements relating to the task/procedure or laboratory

2

Training methods and competency development pathways

POLY-99674-CC-93894

Competency-based training focuses primarily on ensuring individuals acquire the skills and knowledge required to perform specific tasks/procedures to the standard expected and required in the workplace.

By using a structured yet flexible approach to competency development and appropriate training methods and materials, competence can be achieved more efficiently, effectively and consistently and provide more positive learning experiences for participants.

9 Key principles

- To reduce duplication of effort and support statewide consistency in training outcomes, new and/or updated training materials should be developed in consultation and collaboration with all areas of the organisation performing the same or similar tasks/procedures.

The outcome should be the development of standardised training materials with sufficient flexibility to accommodate any necessary local variation.

Standardised materials require approval by a working group with appropriate representation and expertise or equivalent individual for specialised areas e.g. for clinical operations this may include scientific, technical and medical representation.

- Suitable clinical oversight of training/competency is required in clinical operations to meet accreditation and good clinical governance requirements and medicolegal responsibility.
- There are many ways to learn and develop competence. Not everyone is starting from the same starting point and not everyone learns the same way.

Pathways to competence can vary significantly depending on the individuals prior learning, experience and level of support required.

- Repeating training unnecessarily can be extremely frustrating and demoralising for adult learners as well as an unnecessary drain on resources.
- The depth and breadth of theoretical training should not be overextended beyond what is required for the job role. Too much information has negative impacts on retention of critical information.

E.g. For basic task/procedures policies and procedures may be sufficient. More detailed information may be required for tasks/procedures requiring troubleshooting/problem solving.

- Relevant information, not required for competence can be provided through continuing education and professional development activities.
- Training methods selected should support improved consistency in training and competency outcomes.

E.g. Standardised video demonstrations improve efficiency and reduce inconsistencies in training delivery as well as capturing existing expertise within the organisation.

E.g. Statewide standardised operating procedures and learning materials reduce duplication of effort as well as improve the consistency in training and competency outcomes.

- Competency development pathways should maximise the efficiency and effectiveness of training, reduce timelines to achieve competency, appropriately manage risk relating to the specific task/procedure and provide a positive and respectful learning experience for participants.
- The participant's confidence and their learning preferences should also be considered when determining the most appropriate pathway.
- Refer to the references in the Appendix for discipline specific requirements.

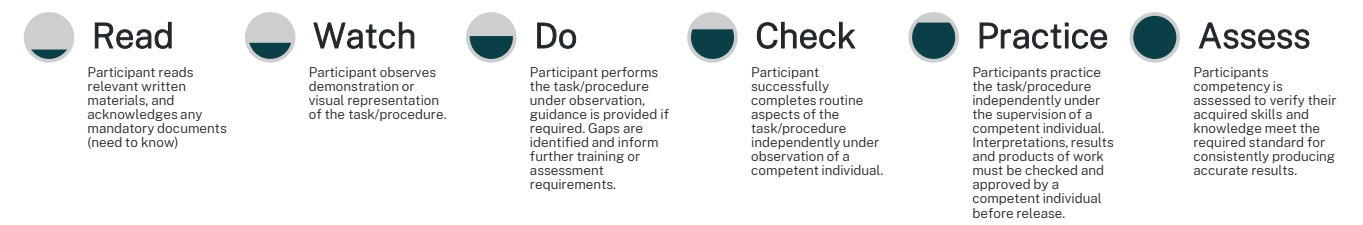
10 Role and responsibility for developing training materials

A statewide working group should be established (or individual for specialised tasks/procedures) to develop training materials and shall be responsible for:

- Using available statewide templates
- Developing training activities and/or materials that align with learning outcomes, competency and performance standards, selected training methods and organisational, regulatory and industry standards and requirements
- Reviewing requests for updates and updating materials if required

11 Competency development steps

Below is an outline of the overall framework for competency development pathways. The order of steps may vary based on learning preferences and prior experience. Guidance on development pathways for inexperienced and experienced staff are provided in the following section.



11.1 Read

Participant reads relevant written materials, and acknowledges any mandatory documents (need to know) documents Training method: Written materials	Policies
	Standard operating procedure(s)
	Risk assessment(s)
	Safe work practices (SWP)
	Safety Data Sheet(s) (SDS)
	Vendor/Manufacturer’s documentation
	Written learning materials
	Any other applicable documents and reference materials

Note: Acknowledgment is not required for optional written materials (nice to know)

11.2 Watch

Participant observes demonstration or visual representation of the task/procedure. This may involve one or more of the following on one or more occasion:	Observing a competent individual demonstrate the task/procedure and explain concepts - in-person, virtually or recorded Training method: Demonstrated (in-person or virtual) or e-learning (recorded)
	Observing a simulation of task/procedure - Software demonstration or simulation, animation, virtual reality, augmented reality Training method: Simulated environment/animation
	Reviewing visual reference guides and/or learning materials Training methods: Written materials

11.3 Do

Participant performs the task/procedure under observation, guidance is provided if required. Gaps are identified and inform further training or assessment requirements.

This may include one or more of the following:

Performing the task/procedure in a real-world context or a physical simulation with an in-person or live virtual competent individual observing

Training method: Demonstrated (in-person or virtual)

Performing a virtual simulation of the task/procedure with a physical or live virtual competent individual observing or an artificial observer.

Training method: Demonstrated (in-person or virtual) or Simulated environment/animation (artificial observer)

Notes:

- An artificial observer is where technology is providing guidance and/or feedback.
- Do and check may be conducted in a single step if no guidance was required.

11.4 Check

Participant successfully completes routine aspects of the task/procedure independently under observation of a competent individual.

The use of written or oral questioning or informal observations may be used to monitor the acquisition of required underpinning knowledge. Gaps are identified and inform further training or assessment requirements.

Self assessment and/or reflection on own performance should be encouraged.

Note: The check step is informal and does not require documented evidence as it is simply informing next steps of training or assessment requirements for the individual. Guides, checklists and responses to questions used in this step are considered learning activities and satisfactory completion is not required for evidence of competency.

11.5 Practice

Participants practice the task/procedure independently under the supervision of a competent individual.

A risk-based decision should be made based on professional judgment to determine if practice should be conducted using simulated specimens, in a test environment or can include the use of routine patient or forensic specimens.

Conditions:

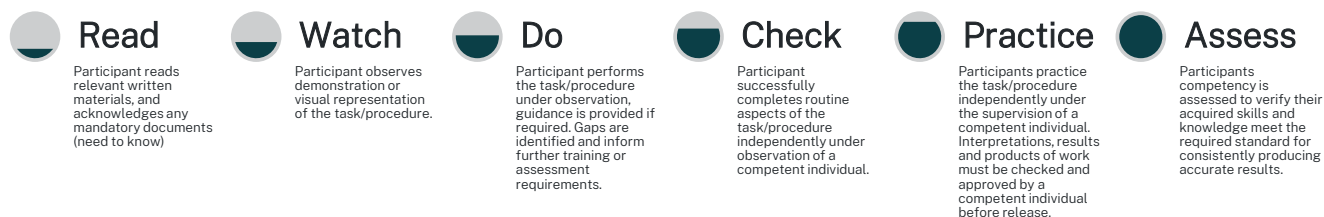
- For high-risk or expensive tasks/procedures this step may not be appropriate. In these cases, direct observation by a competent individual may be more appropriate until competence is achieved.
- See full set of conditions for competency category 'In Training' outlined in section 27.1.

11.6 Assess

Participants competency is assessed by a competent individual to confirm that they have acquired the skills and knowledge required to perform to the standard expected and required in the workplace.

12 Competency development pathway for inexperienced staff

A complete competency development process for an inexperienced participant would ideally include all competency development steps.



However, the duration and/or quantity of each step would vary significantly depending on task complexity, technical difficulty, risks associated with the task(s)/procedure(s) and participant aptitude.

For basic tasks/procedures all steps may be conducted in minutes or hours, for more complex tasks it may take days or weeks.

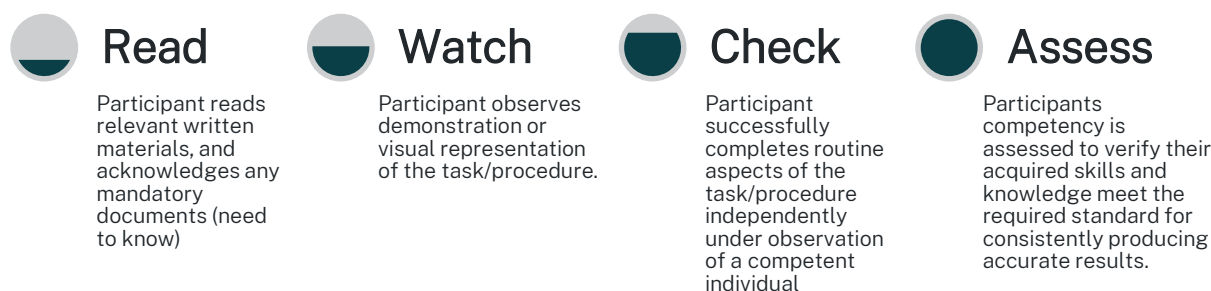
13 Adapting competency development pathways for experienced staff

Alternate competency development pathways for experienced participants are dynamic and may include a limited combination of steps depending on participant prior learning, experience and level of support required to achieve competence.

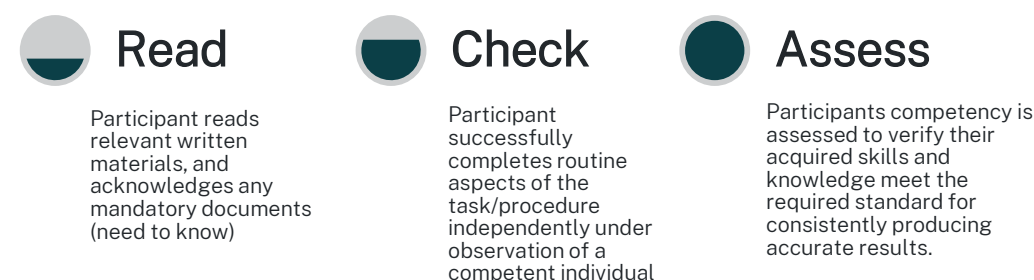
Examples of prior learning and experience include:

- Experience gained from a similar organisation
- Competency performing similar tasks or procedures
- Training, competency and/or experience gained through formal education e.g. vocational/tertiary
- Training, competency and/or experience gained through third party workshops/courses
E.g. those provided by vendors, industry associations and regulators

Example pathway for an individual assessed as competent in another organisation:



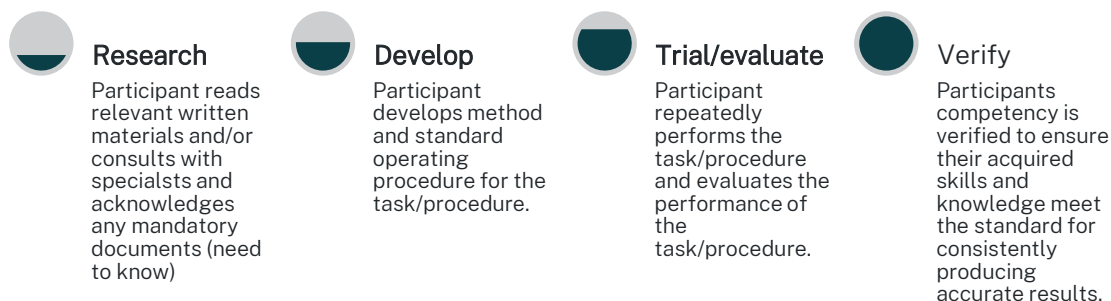
Example pathway for an individual with experience in a similar task or procedure:



14 Research and/or development competency pathways

In the case of new methods/procedures that were developed or enhanced in-house, the general competency development steps do not apply. In these cases learning is often self-directed and skills are developed through engagement in research and development activities. This may be part of in-house research and development or may be part of formal research associated with enrolment in tertiary education e.g. Honours, PhD.

Example competency development pathway in a research and development context:



14.1 Research

Participant reads relevant written materials such as journal articles, consults with specialists if required and acknowledges any mandatory documents (need to know).

Training method: Written materials

14.2 Develop

Participant uses existing skills, knowledge and experience to develop a new method(s) and related standard operating procedure(s) for the task/procedure.

Training method: Research and development

14.3 Trial and evaluate

Participant repeatedly performs the task/procedure and evaluates the performance of the task/procedure.

Training method: Research and development

14.4 Verify

Participant competency is reviewed and verified by an individual or group who confirm acquired skills and knowledge meet the standard required for consistently producing accurate results.

'Review of research and/or development activities and outcomes' outlined in 24.9 can be used to verify competence.

3

Training and assessment program design

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Structured training and assessment programs ensure outcomes align with organisational objectives and participant and operational needs.

Structured programs are more efficient and effective than ad hoc approaches and are easier to monitor, evaluate and improve. They provide transparency of procedures, expectations and criteria for success, maximising participant engagement and satisfaction.

15 Key principle

- To reduce duplication of effort and support statewide consistency in training outcomes, new and/or updated programs should be developed in consultation and collaboration with all areas of the organisation performing the same or similar tasks/procedures.

The outcome should be the development of standardised training and assessment programs with sufficient flexibility to accommodate any necessary local variation.

Standardised programs require approval by a working group with appropriate representation and expertise or equivalent individual for specialised areas e.g. for clinical operations this may include scientific, technical and medical representation.

- Suitable clinical oversight of training/competency is required in clinical operations to meet accreditation and good clinical governance requirements and medicolegal responsibility.
- Cluster of training and/or assessment activities for interrelated tasks/procedures can assist in knowledge acquisition/retention and manage risk.
- Refer to the references in the Appendix for discipline specific requirements.

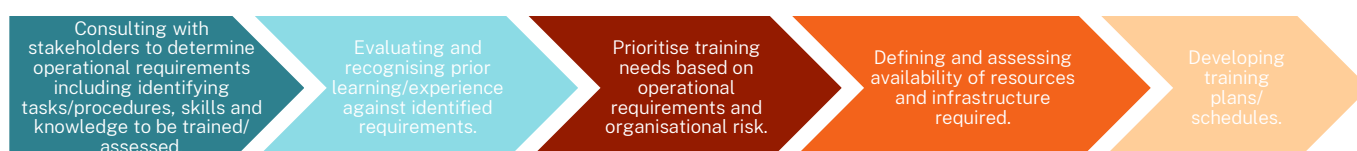
16 Role and responsibility for designing programs

A working group (or individual for specialised tasks/procedures) should be established for planning training programs and should be responsible for defining:

- tasks/procedures to be trained and assessed
- risk profile of the task/procedure to be trained and assessed
- pre-requisite activities or competencies
- learning objectives and competency and performance standards
- any mandatory competency development pathway requirements
- any specific training, assessment and monitoring activities or methods to be utilised
- structure, sequencing and/or training and assessment schedule
- resources and infrastructure required to support for training and assessment activities
- Reviewing requests for updates and updating programs if required

17 Training needs assessments

Training needs assessments can be conducted formally or informally prior to commencing training/assessment. These assessments identify training/assessment requirements for individuals to perform their job roles and ensure that training and assessment is targeted and efficient. Training needs assessments can be conducted on operational areas, groups or individuals. Key steps include:



18 Training and assessment plans

Training and assessment plans provide structure and consistency in competency development pathways. They provide transparency of procedures, expectations and criteria for success, maximising participant engagement and satisfaction as well as providing a framework to monitor competency progression.

Training and assessment plans need to be flexible to accommodate variable outcomes of training needs assessments and recognition of prior learning processes. They also need have the flexibility to support dynamic competency development pathways.

Training plans often include:

- tasks/procedures to be trained and assessed
- pre-requisite activities to be completed or competencies to be obtained
- learning objectives, competency and performance standards
- any specific training and assessment activities or methods to be included
- training/assessment tools/templates to be used and records to be retained
- Resources required to ensure adequate support and infrastructure for delivering high-quality training experiences including
 - Personnel to deliver training and conduct assessment
 - Learning materials and assessment instruments
 - Facilities, equipment and technology
- Training and assessment schedule

Consultation with medical/scientific/pre-analytical supervisors and participants is recommended to confirm suitability of training and assessment plans.

19 Training and assessment schedules

Training and assessment schedules support efficient and effective competency development, by allocating dedicated time and/or providing a mechanism to monitor progression. Schedules can be high level based on time periods or specific with dates, times, and duration of training sessions and/or activities.

Key considerations when scheduling training and assessment:

- Clear milestones/deadlines for completing key activities throughout the training and assessment program can assist with progress tracking.
- Scheduling to minimise disruptions to service delivery and maximise efficiency.
- Rostering activities can reduce competition with routine work and support timely completion.
- Availability of participants' and individuals training/assessing, logistical constraints, and other factors can impact on proposed schedules.
- Anticipating potential challenges or disruptions that may arise during the training program and contingency plans to address them.
- Maintaining flexibility in schedules to accommodate unforeseen circumstances, changes in participant needs or priorities.

Consultation with medical/scientific/pre-analytical supervisors and participants is recommended to confirm suitability of training and assessment schedules.

4

Training coordination and monitoring

Training and assessment should be coordinated by an appropriate individual or team to ensure efficient and effective programs. This could be medical/scientific/pre analytical supervisors, dedicated training co-ordinators, dedicated trainers/assessors or delegates including those delivering training and conducting assessment.

20 Role and responsibility for coordinating and monitoring

Individuals or teams coordinating and monitoring training and assessment are responsible for:

- Implementing and monitoring training and assessment schedules and timelines.
- Coordinating logistics for training and assessment activities, including booking venues, arranging equipment and materials, and managing resources.
- Assigning individuals to deliver training and conducting assessment ensuring requirements outlined in 38, 39 and 40 are met.
- Communicating with participants and individuals training and assessing to ensure clear understanding of requirements, expectations, and timelines.
- Monitoring competency development progression.
- Reporting risks and issues to individuals supervising including medical/scientific/pre analytical supervisors or their delegates as they arise.
- Facilitating feedback mechanisms for participants and individuals training, and assessing to gather insights, address concerns, and continuously improve processes.
- If required, providing administrative support for training and assessment activities, such as assigning training and assessment, updating records and managing evaluations.
- Collaborating with relevant individuals or teams to address any issues or challenges that may arise during training and assessment activities, ensuring smooth and successful implementation of training and assessment programs.

21 Monitoring competency development progress

Monitoring the competency development process ensures participants' learning needs can be effectively addressed, and their progress towards competence improved over time.

21.1 Recording competency development progression

During the competency development process it is sufficient to record that the participant is 'In Training' until competency has been achieved as recording transition through each learning step can impose significant administrative burden particularly if an individual can progress through the stages quickly.

When competency is developed over longer periods of time and/or multiple individuals are involved in training and assessment of a single participant a training guide or checklist can be used to track progress. These guides/checklists also support consistency in training content delivery.

21.2 Methods of monitoring competency development progression

21.2.1 Monitoring milestones and deadlines

Milestones and deadlines outlined in the training and competency plan can be used to monitor progression.

Feedback can be provided to participants, individuals training/assessing, managers and other key stakeholders to ensure clarity and transparency on the participant's progress and manage ongoing resource requirements.

21.2.2 Engagement and completion tracking

Records demonstrating engagement and completion of training activities can be used monitor progression.

Examples of engagement and completion tracking include:

- Attendance and or participation records/logs
- Training guides or checklists
- Digital tracking of engagement and/or completion of online learning and activities

21.2.3 Formative assessment

Formative assessments allow individuals delivering training to monitor participants' progress, identify areas for improvement and adapt the training approach if required.

Formative assessments measure competency development over time but are not designed to replace formal assessments used to make decisions about an individual's final competency outcome.

Examples of formative assessments include:

- Oral or written questioning/quizzes
- Projects or assignments
- Performance monitoring during training activities via observation and/or review of work outputs

21.2.4 Self-assessment, reflection and feedback

Encouraging participants to self-assess and/or reflect on their own performance can help to build knowledge and generalisation, it can also help identify areas for growth, build confidence and develop skills that support quality assurance. Providing feedback on self-assessment/reflection can help realign the participant's performance with competency standards. Reflection on what learning activities were most effective can be used to optimise training plans.

21.2.5 Peer evaluation and feedback

Participants can learn from each other's experiences, perspectives, and insights through peer review and constructive feedback.

5

Competency assessment methods and instruments

Competency assessments are used to measure the ability of an individual to perform to the standard expected and required in the workplace. Competency assessment instruments provide documented evidence of the outcomes of competency assessments and are used to inform competency decisions.

22 Key Principle

- To reduce duplication of effort and support statewide consistency in competency outcomes, new and/or updated assessment instruments should be developed in consultation and collaboration with areas of the organisation performing the same or similar tasks/procedures.

The outcome should be the development of standardised competency instruments with sufficient flexibility to accommodate any necessary local variation.

Standardised competency instruments require approval by a working group with appropriate representation and expertise or equivalent individual for specialised areas e.g. for clinical operations this may include scientific, technical and medical representation.

- Suitable clinical oversight of training/competency is required in clinical operations to meet accreditation and good clinical governance requirements and medicolegal responsibility.
- Underassessment can result in lack of confidence in competency decisions.
- Overassessment places significant pressure on resources to develop assessments, facilitate and complete activities and assess and record performance. It can also cause unnecessary stress to individuals both assessing and being assessed.
- Assessment methods and the depth and breadth of assessments should not be administratively burdensome and should be risk based.

E.g. It may be appropriate to assess critical components of policies and procedures or perform a simulated assessment before allowing individuals to interact with patient, forensic or irreplaceable specimens.

- Assessments should only assess what an individual needs to know and be able to do, not what it would be nice for them to know and be able to do.

For example: If it is acceptable for an individual to perform a step incorrectly or incorrectly answer a question and be assessed as competent these criteria or questions are considered nice to know, not need to know, and should be excluded from assessments.

- Not every task/procedure requires a knowledge assessment or multiple assessment methods to be used. One assessment method is sufficient if it can provide confidence the individual is performing to the standard required.
- Refer to section 7 Competency Monitoring for information on competency reassessment.
- Refer to the references in the Appendix for discipline specific requirements.

23 Role and responsibility for developing instruments

A working group should be established (or individual for specialised tasks/procedures) to develop assessment instruments and shall be responsible for:

- Using available statewide templates
- Developing assessment instruments that align with competency and performance standards, any predefined assessment methods and organisational, regulatory and industry standards and requirements
- Developing activities, assessment criteria and/or questions for assessment instruments
- Reviewing requests for updates and updating instruments if required

24 Competency Assessment Methods

There are many assessment methods suitable for assessing the competency of an individual. This section includes a range of assessment methods and the corresponding assessment instruments.

Assessment should be recorded using appropriate documentation. Defined competency criteria and clear performance requirements can be developed to enable a standardised and consistent decision about an individual's competency to be made.

24.1 Direct observation of an activity

Direct observations can be conducted in-person, via connected technology such as video conferencing, video meetings, remote augmented reality or by observing a video recording in which the observer can be certain that the participant is the individual performing the activity.

Direct observation of work processes and procedures	The participant is directly observed performing activities. This could be during routine work or as a preprepared practical assessment. Routine or specifically provided specimens can be used. Assessment instrument: Observation checklist
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Direct observation of equipment maintenance and function checks	The candidate is directly observed performing equipment maintenance and/or function checks. This could be during routine work or as a preprepared practical activity. Assessment instrument: Observation checklist
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Direct observation of a simulation	The candidate is directly observed performing a simulation of the task(s)/procedure(s). This could include observation of interactions in one or more of the following activities/environments: - role play or moot trial - clinical simulation - virtual reality - software/equipment simulation Assessment instrument: Observation checklist
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24.2 Monitoring the recording and reporting of results

Records and/or reports associated with results can be examined for but not limited to:	- accurate interpretations - accurate results - inclusion of appropriate terminology and units - inclusion of appropriate information - appropriate action taken on critical results, flags or errors - alignment with policies, procedures, best practice and any other regulatory and organisational requirements Assessment instrument: Document review checklist
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24.3 Review of work records

Examples of performance indicators that can be used to assess the competency of an individual performing task(s) or procedure(s) include:

1. Consistent and acceptable quality control and/or appropriate corrective action taken
2. Comparable intralaboratory quality control
3. Related forms and/or other documentation completed in line with policies, procedures and accreditation requirements e.g. equipment maintenance records
4. Appropriate result withholding and/or reflex testing
5. Appropriate referral including escalation and reporting when required
6. Performance monitoring against established Key Performance Indicators (KPIs) e.g. turnaround times or number of specimens processed or reported per shift
7. Review of logbook on cases examined

Assessment instrument: Document review checklist

Other types of work records that can be reviewed include but are not limited to:

8. Error monitoring through review of:
 - ims+incident logs and non-conformance logs
 - recollection and/or rework records
 - device/equipment error logs
 - error tracking software outputs
9. Review of exposure to complex cases and/or rare scenarios

Assessment instrument: Document review checklist

Assessment instrument: Document review checklist

24.4 Review of products of work

Review of the quality of physical products of work, examples include but are not limited to:

- Smears or culture plates
- Dissected, embedded, cut or stained specimens
- Processed specimens
- equipment post operation/maintenance

Assessment instrument: Product review checklist

24.5 Review of third party evidence

Review of documentation provided by third parties such as regulators, registered training organisations, tertiary institutions, vendors or other external training and assessment providers.

Example evidence includes

- Qualifications
- Certificates
- Statements of completion or attainment

These documents are considered supplementary evidence, a certified or sited copy must be retained.

24.6 Examination of specifically provided specimens/samples

Review of results obtained from specifically provided specimens/samples that can be directly linked to the performance of an individual rather than the team.

Examples include:

1. Participation in commercial External Quality Assurance (EQA)
2. Participation in alternative external assessment activities e.g. Interlaboratory Comparisons (IC)
3. Comparison of results/outputs on known specimens from any of the following
 - previously examined specimens/samples
 - duplicate or split specimens/samples
 - quality control material
 - reference material or tissue/cell repository material
 - simulated material

Assessment instrument: Product review checklist

24.7 Knowledge assessments

Written questioning

May include a range of question types and should where possible be administered digitally

Assessment instrument: Online or paper-based questioning

Oral presentation or questioning

Assessment instrument: Observation checklist

Interview/discussion

Assessment instrument: Observation checklist

Written presentation

Assessment instrument: Document review checklist

Written project

Assessment instrument: Document review checklist

Reflection/journal

Reflection/journal on cases examined or provided as case studies

Assessment instrument: Document review checklist

24.8 Assessment of problem-solving skills

Oral/written questions and/or discussion in response to, for example:

- Equipment fault or clinical/scientific simulations
- Scenario based case studies
- Response to observation of real or simulated professional practice

Assessment instrument: Observation checklist (oral) or Online or paper-based questioning

Review of quality documentation

For example completed corrective actions or evidence of actioning of quality control failure

Assessment instrument: Document review checklist

24.9 Review of research and/or development activities and outcomes

Review of documented evidence in the area of expertise, to verify competency of an individual that has progressed through a research and development competency development pathway

This may include a combination of the following,

- Qualifications and experience
- Engagement in continuing education
- Engagement in research activities
- Validation/verification reports
- Successful NATA scope registration after NATA peer review
- Successful approval by TGA
- Evidence of competency and/or experience in similar techniques as well as independent review of quality control results from the task/procedure being verified
- Evidence of successful results in commercial External Quality Assurance (EQA)
- Evidence of successful results in alternative external assessment activities e.g. Interlaboratory Comparisons (IC)
- Independent review of successful Quality Control results
- Independent review of incidents (must not be the only evidence)
- Contributions to the profession such as
 - ~ scientific publications
 - ~ academic teaching
 - ~ presentations at conferences oral and/or written
 - ~ involvement in state, national and/or international advisory or expert/specialist committees
 - ~ advisory roles e.g. state, national and/or international professional bodies or government agencies
 - ~ Contribution to the development of state, national and/or international standards or industry best practices

Assessment instrument: [Document review checklist](#)

6

Competency decisions and actions

POLY-99674-CC-93894

Competency refers to the ability of an individual to perform to the standard expected and required in the workplace. When an individual has been assessed as competent it provides the individual, medical/scientific/pre analytical supervisors and the community with confidence that the work will be performed to the standard that is required.

This section provides a standardised approach for recording competency decisions and outlines suitable actions when standards have not been met.

25 Key Principles

- To support standardisation and ensure transparent, consistent and comparable competency outcomes, standardised categories must be used to record competency decisions.
- Competency decisions must be recorded for each participant against individual and/or groups of tasks/procedures to support organisation wide reporting.

26 Role and responsibility for competency decision making

To ensure transparency and consistency in competency decisions, individuals making decisions about an individual's competency are responsible for:

- Reviewing assessment results, evidence, and documentation to verify that participants have met the required competency standards and performance indicators.
- Documenting accurate records of competency decisions using statewide standardised training/competency categories, any conditions and/or follow-up actions required or taken.
- Collaborating with participants and medical/scientific/pre analytical supervisors to determine appropriate actions/steps required where performance is below standard.
- Communicating decisions clearly and effectively to participants and stakeholders.
- Upholding confidentiality and integrity in the competency assessment process.

27 Standardised training and competency categories

27.1 In training

Participant is gaining the skills and knowledge required to perform the task/procedure to the standard expected and required for their job role. This includes both initial training and initial competency assessment.

Conditions relating to the specific task/procedure:

- Perform the task/procedure under the guidance and support of a competent individual
- A competent individual must be available for immediate support
- Must not perform any task/procedure requiring authorisation without direct supervision including selection, development, modification, validation and verification of methods, review, release and reporting of results and accessing/entering/changing patient data and examination results in laboratory information management systems.
- Must not train or assess others in the task/procedure

27.2 Not currently competent

Participant competency has been assessed or monitored and repeatedly fails to meet the standard required for their job role. Medical/scientific/pre analytical supervisors may also assign this category to manage risk relating to refresher training requirements, overdue competencies and/or incident management.

Conditions relating to the specific task/procedure:

- The same conditions apply as 27.1 In Training

27.3 Competent with conditions

Participant competency has been assessed and meets the standard required for their job role however one or more of the following also apply. Medical/scientific/pre analytical supervisors may also assign this category to manage risk relating to refresher training requirements, overdue competencies and/or incident management.

- a) Limited exposure to non-routine aspects of a task/procedure
- b) Limited confidence to manage non-routine aspects of a task/procedure
- c) Previously been deemed competent, competency monitoring overdue
- d) Previously been deemed competent, identified as requiring refresher training

Conditions relating to the specific task/procedure:

- A competent individual must be available for immediate support
- Must not train or assess others in the task/procedure
- Not expected to perform as efficiently as a competent individual (applies to 27.3 a) & b) only)
- Must not select, develop, modify, validate and verify methods without direct supervision

Additional conditions may be defined to manage specific risks, these conditions must be documented. Examples include but are not limited to:

- Refer requests for advice from internal/external professionals to a competent individual
- Review, release and reporting of results requires crosschecking by a competent individual
- Must not access, enter or changing patient data or examination results in laboratory information management systems without direct supervision

27.4 Competent

Participant competency has been assessed and meets the standard required for their job role.

- There are no conditions/restrictions imposed on the individual performing the task/procedure
- The participant may be considered for providing guidance and support to individuals 'In training,' 'Competent with conditions' or 'Not currently competent'.
- The participant may be considered for delivering training, conducting assessment and/or monitoring the competence of others.

Refer to section 9 Requirements for individuals training, assessing, verifying and monitoring' for additional requirements for individuals training/assessing or assigning individuals to train or assess.

27.5 Important notes:

For most tasks/procedures participants will progress directly from 'In-training' to 'competent'. 'Competency with conditions' is designed to manage risk for high complexity or high-risk tasks/procedures or where exposure to non-routine aspects or maximum efficiency are achieved over extended periods of time.

28 Actioning below standard assessment outcomes

If participant competency has been assessed and found to be below the standard required for their job role the following process could be applied.

1. Individuals conducting assessment identify patterns in performance issues between participants to exclude issues with the training and assessment process.
2. Individuals conducting assessment discuss the following with the participant
 - a) areas the participant was unsuccessful in meeting the required standard(s)
 - b) specific details of the gap between participant performance and the required standard(s) including any other areas for improvement
 - c) possible reason(s) the standard was not achieved considering the following:
 - i. clarity and accuracy of training/assessment methods, materials policies and procedures
 - ii. participant learning needs and preferences
 - iii. any other factors that may have contributed to the below standard outcome
 - d) actions/steps required to progress the participant towards the required standard

If the individual conducting assessment did not deliver the training, this information should also be provided to the individual who conducted the training.

3. Discuss proposal with medical/scientific/pre analytical supervisors if expected to impact on service delivery.
4. Individuals delivering training provide targeted training to address identified gaps.
5. Individuals conducting assessment conduct targeted reassessment to assess the identified gaps.

If below standard outcomes are identified in initial competency assessments, continue to use 'In training' for a short period of time to allow for initial reassessments to occur.

If a participant repeatedly fails to meet the required standards and competency is not being achieved in reasonable timeframes, the following steps could be considered by the individual(s) delivering training and conducting assessment.

- The participant competency is recorded as 'Not currently competent'
- To manage risks further discussion could be considered with medical/scientific/pre analytical supervisors or their delegates as appropriate to determine next steps.

7

Competency monitoring

Ongoing competency monitoring focuses primarily on ensuring individuals have retained the skills and knowledge necessary to perform specific tasks and roles effectively. Monitoring provides confidence that the work is still being performed to the standard that is required to produce accurate test results. Monitoring also helps mitigate risks associated with competency gaps or inconsistencies in performance that may have developed over time.

29 Key principles

- To reduce duplication of effort and support statewide consistency in competency maintenance and monitoring, new and/or updated monitoring methods and instruments should be developed in consultation and collaboration with all areas of the organisation performing the same or similar tasks/procedures.

The outcome should be the development of standardised competency monitoring with sufficient flexibility to accommodate any necessary local variation.

Standardised monitoring instruments require approval by a working group with appropriate representation and expertise or equivalent individual for specialised areas e.g. for clinical operations this may include scientific, technical and medical representation.

- Suitable clinical oversight of training/competency is required in clinical operations to meet accreditation and good clinical governance requirements and medicolegal responsibility.
- Underassessment can result in lack of confidence in competency decisions.
- Intervals, type and quantity of reassessment should not be administratively burdensome.
- Depending on a range of risk factors it is often not necessary to repeat full initial assessment processes or reassess competency at regular intervals.
- Repeating the full initial competency assessment should be avoided where risks can be managed using routine monitoring methods.
- To ensure an efficient and effective process, the breadth and depth of any reassessment should be specific and targeted. Scope should be based on high-risk components and areas where gaps/issues are commonly identified.
- Full initial assessment may be considered for participants who have not performed a high-risk task/procedure for extended periods of time as monitoring records are unavailable.
- The following factors should be considered when determining frequency, quantity and method of ongoing competency monitoring:
 - staff and patient safety
 - task complexity
 - frequency of performance and/or exposure
 - error rates
 - degree of interpretation, subjectivity and decision making involved
 - availability of routine competency monitoring methods
- Refer to the references in the Appendix for discipline specific requirements.

30 Role and responsibility for monitoring competency

To ensure consistent and effective monitoring of competency, individuals conducting monitoring are responsible for:

- Using available statewide policies, procedures, materials and templates.
- Monitoring in a timely manner, using appropriate methods, instruments and technologies.
- Providing clear instructions and guidance throughout the monitoring process including information on monitoring procedures, expectations, and success criteria.
- Ensuring monitoring is conducted accurately, objectively, impartially and consistently.
- Providing constructive feedback to participants on monitoring outcomes.
- Ensuring transparency and fairness in monitoring processes, addressing any concerns or appeals from participants promptly and fairly.
- Evaluating and providing feedback on monitoring methods based on feedback and insights to improve monitoring methods and approaches.
- Documenting monitoring records accurately and maintaining confidentiality.

31 Competency monitoring methods

Many of our quality system processes and procedures have features that can be used to monitor competency including:

- Use of quality control material and/or control trend tracking
- Use of secondary checking systems
- Error tracking software or error monitoring processes
- Rework tracking processes
- Equipment alarms, flags and errors
- Participation in commercial External Quality Assurance (EQA)
- Participation in alternative external assessment activities e.g. Interlaboratory Comparisons (IC)
- Participation in Proficiency testing
- Internal and external quality audits
- Incident management records e.g. ims+ incident management including patient/carers feedback
- Opportunities For Improvement (OFI) recorded in the statewide quality management information system (QPoint) including non-conformance managements
- Key performance indicators

A risk-based approach should be used to determine if one or more of these, on the condition that outcomes can be linked to an individual, provide sufficient evidence that competency is being monitored.

For example, high complexity, error prone, highly subjective and/or high-risk or rare tasks/procedures may require additional monitoring methods.

Additional monitoring method examples:

- Review of routine records and reports e.g. accurate interpretations recorded, accurate results reported, appropriate result withholding and/or reflex testing, appropriate action taken on critical results, equipment maintenance records.
- Review of physical products of work produced during routine work e.g. streaked plates, stained slides, embedded blocks, equipment post operation/maintenance.
- Exposure monitoring - monitoring that staff are exposed to rare and complex cases during routine work and responded appropriately.
- Case study challenges - processing, testing and/or reporting of specifically selected cases to ensure that staff are being exposed to rare and complex cases and respond appropriately.
- Application and/or scenario based oral or written questioning.

Any of the competency assessment methods outlined in this document may also be used to monitor competence if the monitoring methods are found to be insufficient.

32 Actioning below standard monitoring outcomes

If participant competency has been monitored and found to be below the standard required for their job role the following process could be applied.

1. Individuals conducting monitoring identify patterns in performance issues between participants to exclude issues with the training/assessment/monitoring process.
2. Individuals conducting monitoring discuss the following with the participant
 - a) areas the participant was unsuccessful in meeting the required standard(s)
 - b) specific details of the gap between participant performance and the required standard(s) including any other areas for improvement
 - c) possible reason(s) the standard was not achieved considering the following:
 - clarity and accuracy of monitoring methods, materials policies and procedures used
 - any other factors that may have contributed to the below standard outcome
 - d) actions/steps required to progress the participant towards the required standard
3. Discuss proposal with medical/scientific/pre analytical supervisors if expected to impact on service delivery.
4. If required individuals delivering training provide targeted refresher training to address identified gaps.
5. Individuals conducting monitoring conduct targeted monitoring to assess the identified gaps.

A risk-based decision informed by consultation with medical/scientific/pre analytical supervisors should be used to determine if the competency category of the individual should remain as 'Competent' or be updated to 'Competent with conditions' or 'Not currently competent'.

If a participant repeatedly fails to meet the required standards during repeated competency monitoring the following steps could be considered by the individual(s) conducting monitoring.

- The participant's competency is recorded as 'Not currently competent.'
- To manage risks further discussion could be considered with medical/scientific/pre analytical supervisors or their delegates as appropriate to determine next steps.

33 Reporting

Training and competency status (pending training, in training and competent with conditions) of scientists and technicians is to be reported and/or readily accessible to medical/scientific/pre analytical supervisors or their delegates within their area of operational/medicolegal responsibility. This will provide visibility of resource requirements and facilitate management of resources to support effective training and competency programs and ensure continuity of service across laboratories, disciplines and operational areas.

Training, competency and monitoring records are to be made available and reviewed by medical/scientific/pre analytical supervisors and/or their delegates to fulfill supervision requirements.

8

Refresher Training

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Refresher training addresses any gaps or deficiencies in an individual's skills or knowledge that may have developed over time. Retraining aims to ensure that individuals continue to perform their tasks and roles effectively and produce accurate results, maintaining the required standard of performance.

34 Key principles

In most cases, retraining does not require repeating the entire initial training process. However, this depends on the reason retraining was deemed necessary.

The following key principles should be considered when determining the breadth and depth of retraining and the training method to be used.

- The retraining method and quantity of retraining should not be administratively burdensome.
- To ensure an efficient and effective process retraining should be specific and targeted. Scope should cover gaps/issues that have been identified.
- Retraining should not replicate the entire initial training program unless outcomes of competency monitoring or assessment indicate the need to do so.
- Retraining methods should be determined based on the participant's prior learning and experience, learning preferences and the reason for retraining.
- Refer to the references in the Appendix for discipline specific requirements.

35 Triggers for retraining

35.1 Task resumption after extended absence or infrequent performance

Retraining may be necessary when individuals return from extended leave, pursue temporary roles elsewhere or where the task/procedure is performed infrequently.

Definitions of infrequent performance or extended absence should be task/procedure specific and be determined using a risk-based approach. Competency assessment should be conducted to determine any gaps that have developed over time, enabling retraining to be specific and targeted.

35.2 Addressing skills gaps and adapting to changes

Retraining to address specific gaps or deficiencies in skills or knowledge that may have emerged since initial training and competency assessment that require staff to adapt or update their skills or knowledge. These gaps could be due to changes in policies, procedures, processes, practices, regulations, standards, best practices and technology.

35.3 Addressing bad habits

Retraining to address behaviours or habits that are not in line with standard operating procedures or best practice that may have emerged since initial training and competency assessment.

35.4 Addressing quality issues

Retraining to address quality issues, incidents, or errors in work output and/or issues identified through ongoing competency monitoring.

9

Requirements for individuals training, assessing, verifying and monitoring

Individuals delivering training, conducting assessment, verifying competence and monitoring competence play a crucial role in facilitating effective knowledge transfer, skill development, and competency evaluation of others. They ensure continued alignment with organisational policies, regulatory requirements, and industry standards and maintain quality assurance in training delivery, assessment and monitoring processes.

36 Key Principle

- Requirements for individuals delivering training, conducting assessments, verifying competence and monitoring competence should not be overly restrictive. Excessive restrictions may result in:
 - Delays and backlogs in competency development and monitoring
 - Inability to deliver sufficient services to the community
 - Safety risks and financial impact associated with excessive overtime and on-call schedules
 - Increased risks associated with overdue competency monitoring
 - Limited capacity to provide best practice initial, foundation training and assessment
 - Staff dissatisfaction relating to delays in professional development
- Requirements should be risk based and should avoid the following:
 - Responsibilities sitting with a single individual due to the potential impacts associated with competing priorities, unpredicted absenteeism and capacity limitations.
 - Restrictions on an individual in a lower-level role/position training or assessing others in a higher-level role/position.
 - Restrictions on allowing the same individual delivering training, conducting assessment and/or monitoring competence. By allowing the same individual to deliver training and conduct assessment and/or monitoring they can reflect on potential improvements in training that could address issues identified during assessments and monitoring.
 - Sign off by several layers of management causes bottle necks and is not appropriate especially if those signing off do not meet the requirements of section 38, 39 and 40.
- Individuals assigned to deliver training, conduct competency assessments and monitor competence must have authority to independently review, assess and sign off on engagement and completion of training and competency assessment activities and make competency determinations.
- Suitable clinical oversight of training/competency is required in clinical operations to meet accreditation and good clinical governance requirements and medicolegal responsibility.
- Any exceptions to the requirements outlined in sections 38, 39 and 40 must be supported by a risk assessment.
- Refer to the references in the Appendix for discipline specific requirements.

37 Role and responsibility of individuals training, assessing, verifying and monitoring

To ensure participants have a positive learning experience, progress towards and achieve competence safely, efficiently, and effectively individuals delivering training, and conducting assessment are responsible for:

- Using available statewide policies, procedures, materials and templates.
- Creating a supportive and inclusive learning environment that encourages participation.
- Timely training and assessment, using appropriate methods and technologies.
- Providing clear instructions and guidance throughout the training and assessment process including information on procedures, expectations, and success criteria.
- Supporting participants by addressing questions, concerns, and challenges promptly.
- Monitoring participants' engagement and progress towards competency, providing constructive feedback to aid in progression.
- Adapting training delivery based on participants' needs, preferences, feedback and competency assessment outcomes.
- Ensuring training has been completed or prior learning recognised prior to assessment.
- Ensuring assessments are conducted accurately, objectively, impartially and consistently.
- Providing constructive feedback to participants on assessment outcomes.
- Ensuring transparency and fairness in assessment processes, addressing any concerns or appeals from participants promptly and fairly.
- Evaluating and providing feedback on training delivery and assessment methods and materials based on feedback and insights to enhance learning experiences and outcomes.
- Documenting training, competency assessment and monitoring records accurately and maintaining confidentiality and privacy of personal information.

38 Requirements for non-medical staff

Staff can deliver scientific and technical training, conduct competency assessments and monitor competence if they have met the following criteria:

- Unrestricted competency in the task/procedure to be trained/assessed see Section 6, 27.4
- Currency in performing the task/procedure and adequate experience to have been exposed to and successfully managed routine and non-routine variation associated with the task.
 - A risk-based decision informed by professional judgment should be used to determine sufficiency of experience and currency in performing the task.
 - When determining an individual's experience, exposure is more reflective than time. Laboratory, specimen and case complexity as well as throughput should be considered.
- No formal qualifications, certifications or skillsets in training and/or education are required

Where participants progressed through a research and development pathway and individuals that meet the above criteria are unavailable the following criteria are sufficient to verify competence.

- Relevant qualifications
- Competency in validation/verification
- Competency in evaluating quality control records of other scientific methods

39 Requirements for medical staff

Medical staff can deliver scientific and technical training and/or conduct competency assessments and monitor competence if they have met the following criteria:

- The task/procedure to be trained and/or assessed is within their scope of practice.
- Technical capability in the task/procedure to be trained/assessed, or
- Technical capability to evaluate the product/output of the task to be assessed e.g. evaluation of a special/histochemical/immunohistochemical control slide to confirm competence.

Where participants progressed through a research and development pathway and individuals that meet the above criteria are unavailable the following criteria are sufficient to verify competence.

- The task/procedure to be verified is within their scope of practice
- Meets NPAAC requirements for supervision and holds a supervisor role in relation to the individual being verified

In some areas there are specific requirements where medical staff are required to verify competency and conduct ongoing competency assessments e.g. anatomical pathology cut-up. Refer to Section 12 Appendix for details and discipline specific requirements for other areas.

40 Assigning and recording individuals training, assessing, verifying and monitoring

There are no formal requirements to record authorisation or approval to deliver training, conduct assessment and verify or monitor competency. It is the responsibility of the individual coordinating training, assessment and/or monitoring to assign the most appropriate individual and ensure that the individual meets the requirements of section 38, 39 and 40. Staff holding formal trainer and assessor positions must equally meet these requirements.

The name of the individual who delivered the training, conducted the assessment and/or verified or monitored competence is to be recorded on related documentation and in the statewide quality management information system (QPoint) when implemented.

Individuals delivering training, conducting assessment or monitoring competency must have records demonstrating their competency in the task/procedure to be trained/assessed or monitored. These records must be entered in QPoint or verifiable through legacy records or medical Scope of practice.

41 External Training and Assessment Providers:

Records must be kept for training provided by external trainers. External providers may include:



10

Requirements for supervisors and individuals being trained, assessed and monitored

42 Role and responsibility of Supervisors

Supervisors including Operational Managers, Designated Persons and their delegates are responsible for:

- Ensuring implementation of the training and competency framework.
- Collaborating across operational boundaries to support the standardisation of training, competency assessment and competency monitoring within NSW Health Pathology.
- Collaborating with individuals designing, co-ordinating, delivering and assessing training and assessment programs to ensure alignment with policies, procedures, best practice and any other regulatory and organisational requirements.
- Ensuring training, competency and monitoring records are complete and up to date within their area of operational responsibility.
- Ensuring staff within their area of operational responsibility perform tasks/procedures in accordance with the competency categories and associated conditions defined in this framework.
- Providing feedback on training, assessment and monitoring outcomes and documentation to support continuous improvement.
- Ensuring resources are allocated for identified training, competency assessment and competency monitoring activities within budgetary constraints within the scope of their position.

43 Role and responsibility for participants

Participants being trained, assessed or monitored are responsible for:

- Participating in the identification of training needs and the development of training plans.
- Following instructions provided by individuals delivering training and conducting assessments.
- Actively engaging in training activities including but not limited to practical exercises, discussions, asking questions, and seeking clarification when needed.
- Demonstrating skills and knowledge during assessment activities.
- Completing all assigned training, assessment and monitoring activities.
- Acknowledging the accurate completion of training, assessment and monitoring records.
- Providing feedback to individuals delivering training and conducting assessment on the effectiveness of activities and programs to support continuous improvement.
- Actively participating in feedback discussions with individuals delivering training and conducting assessment to understand areas for self-improvement and development and take active steps to progress towards competence.

11

Control of records, key performance indicators and transition arrangements

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Record management practices ensure the integrity, confidentiality, and availability of records throughout their lifecycle, they ensure compliance with regulatory and operational requirements and relevant industry standards.

This section outlines requirements for storage and management of records related to training and competency assessment activities.

44 Records management system

- Whenever possible, enter records directly into electronic files stored within Microsoft Teams and/or the NSW Health SharePoint platform. These platforms serve as an interim central records storage repository until records can be migrated to the statewide quality management information system (QPoint).
- Hard copy records can be scanned and store electronically within Microsoft Teams and/or the NSW Health Sharepoint platform until swQMIS implementation. Refer to [NSWHP_PR_073 - Digitisation of Records Procedure](#) for detailed requirements.
- Maintain access to historic record repositories for tracking and retention purposes, ensuring that new records are not stored in historical repositories once the QMIS is implemented.
- Standardised statewide training and assessment materials and instruments must be stored in the swQMIS once implemented.

44.1 Access controls

- Limit access to records to authorised personnel only, granting permissions based on roles and responsibilities.
- Staff should have access to their own training and competency records, except assessment attempts where access would compromise the integrity of future assessments.

44.2 Data retention policies

- NSWHP maintains its records for the minimum retention periods outlined in the NPAAC Requirements for the Retention of Laboratory Records and Diagnostic Material, State Records NSW's General Retention and Disposal Authority guidelines and to any other regulatory or operational requirement.
- Retain staff training and competency assessment records for a minimum duration of employment plus eight (8) years.
 - Exception for Forensic & Analytical Science Service (FASS) records some of which are required to be retained indefinitely.
 - Extended retention periods have been set to ensure regulatory requirements are met across all areas including requirements for state records.
- Dispose of records/materials appropriately based on retention and confidentiality requirements.
- Refer to [NSWHP_PR_073 - Digitisation of Records Procedure](#) for detailed information on disposal of hard copy records post digitisation.

45 File management

45.1 Recommended interim local folder structure

➔ StaffFirst.Lastname

- Protected_records (No participant access) e.g. exam with answers
- Accessible_records (Participant access)

45.2 Recommended interim local file naming convention:

StafflinkNo_YYYYMMDD_TrainingOrCompetencyItemName_1,2,3,etc (150 characters max)

Note: The number 1,2,3,etc is only required if adding more than one document on the same day.

45.2.1 Recommended interim meta data columns/fields for records stored in Microsoft Teams and/or the NSW Health Sharepoint:

Discipline - Select from dropdown

Site - Select from dropdown

Participant first and last name - using name selector

Record type - Select Training Record, Competency Assessment Record or Monitoring Record

Date completed - Select date

Name of individual(s) delivering training/conducting assessment - using name selector

External Organisation Name - free text

Training Method(s) - Select one or more from dropdown

Document type - Select one or more from dropdown

Competency assessment method(s) - Select from dropdown

Assessment outcome - Select from dropdown (Competency category)

46 Key performance indicators and targets

Key Performance Indicators (KPIs)	Target
PI.1 Compliance with Competency Requirements: Proportion of staff meeting competency requirements for the tasks/procedures they perform <i>- Indicator of overall safety & quality of service</i>	100%
PI.2 Compliance with Monitoring Requirements: Proportion of staff who completed competency monitoring requirements within 3 months of due date <i>- Indicator of overall safety & quality of service</i>	100%
PI.3 Internal Audit Results: Number of non-conformities related to training and competency identified during internal audits <i>- Indicator of compliance with regulatory and accreditation requirements</i>	0
PI.4 External Audit Results: Number of major non-conformities related to training and competency <i>- Indicator of high risks identified through external assessments</i>	0
PI.4 Incident Rate: Rate of incidents where staff training and competency was identified as a contributing factor <i>- Indicator of high risks identified through incident monitoring</i>	0

47 Transition arrangements

As NSW Health Pathology is transitioning to a statewide quality management information system (QPoint), laboratory information management system and standardised workflows, the implementation transition period for the Framework will be 5-years for full adoption. During this time, supporting documentation and targeted training will be developed and provided to ensure a smooth implementation. This approach will include ongoing support and feedback mechanisms to address any challenges, allowing for a gradual and effective integration of the new systems and processes.

Appendix

48 References for discipline specific requirements

There are discipline specific training and competency related requirements outlined in the following documents. Please refer to the documents referenced below for more information when developing, reviewing and updating training and competency programs and documentation in these areas.

Specimen handling: NPACC Requirements for the packaging and transport of pathology specimens and associated materials

Infection Prevention and Control in Healthcare Settings Clinical Excellence Commission Policy Directive Infection Prevention and Control in Healthcare Settings

Communication of high risk pathology results: NPAAC Tier 3a Document: Requirements for the communication of high risk pathology results

Collections: NPAAC 3a Document: Guidelines for Approved Pathology Collection Centres (Requirements for medical pathology specimen collection)

Anatomical pathology: NPAAC Tier 4 Document: Requirements for the performance of anatomical pathology cut-up

Point of care testing: NPAAC Tier 4 Document: Requirements for point of care testing

Genomics:

NPAAC Tier 4 Document: Requirements for human medical genome testing utilising massively parallel sequencing technologies

NPAAC Guiding principles for providers document: Direct to Consumer Genetic Tests

NPAAC Requirements for medical testing for human genetic variation

Cervical Screening: NPAAC Tier 4 Document: Requirements for cervical screening

Cytology Scanner: Health Employees' (State) Award 2023

Digital pathology: NPAAC Tier 4 Document: Requirements for use of digital images as alternative to direct microscopy

Haematology: NPAAC Tier 4 Document: Requirements for procedures related to the collection, processing, storage and issue of human haemopoietic progenitor cells

Microbiology: NPAAC Tier 4 Document: Requirements for laboratory testing for human immunodeficiency virus (HIV) and hepatitis C virus (HCV)

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