NSW Health Pathology

Policy

Training and Competency Transitional Policy

POLY-99333

1. Purpose

The purpose of this policy is to outline the transitional approach adopted by NSW Health Pathology to align historical training and competency records with the requirements of the Scientific and Technical Training and Competency Framework. It ensures a consistent, transparent, and risk-based migration of competency records into the Statewide Quality Management Information System (QMIS), QPoint.

2. Background

In 2024, NSW Health Pathology implemented the Scientific and Technical Training and Competency Framework to enhance clinical and scientific governance, improve quality assurance, and ensure the highest standards of patient and client safety. A core objective of the Framework is to streamline, standardise, and strengthen training and competency documentation and processes across the organisation through a competency-based approach.

Prior to the Framework's implementation, training and competency records were maintained using varied methodologies and systems across multiple sites, resulting in differences in documentation and how outcomes were recorded. To support the transition to a single, Statewide QMIS and achieve uniform competency outcomes, a systematic realignment of historical records will occur.

3. Scope

This policy applies to all scientific and technical staff across NSW Health Pathology whose historical competency records have been transitioned into QPoint as part of the implementation of the Scientific and Technical Training and Competency Framework.

4. Policy Statement

4.1 Standardised Competency Categories

The following competency categories have been introduced under the Framework:

- In Training
- Not Currently Competent
- Competent with Conditions
- Competent

4.2 Assessment and Realignment of Historical Records

Historical competency records are those records that existed before the adoption of the Statewide QMIS, QPoint. Historical competency records shall be evaluated and realigned to the standardised competency categories using a risk-based approach. Competency outcomes shall be determined based on a combination

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of historical training records and any combination of the following approved competency determination methods:

- Recognition of Prior Learning (RPL)
- Direct observation of work practices
- Review of work records and outputs
- Examination of specifically assigned specimens or samples
- Participation in accredited External Quality Assurance (EQA) programs
- Participation in alternative external assessments, such as Interlaboratory Comparisons (IC)
- Outcomes from internal and external quality audits and Key Performance Indicators (KPIs)

Where historical competency determinations differ from the newly established categories, outcomes are to be reevaluated and updated using these approved methods. The newly recorded outcomes supersede previous records and represent the current and accurate assessment of staff competency in accordance with the Framework.

During the implementation period for the framework, and following the Go-Live for QPoint, local or historical forms may still be used for documentation purposes where statewide documentation is not yet available. These documents are to be uploaded to QPoint as evidence. These records shall be evaluated for alignment and conversion to the four competency outcomes by the trainer or assessor when updating status or assigning new outcomes. Where historical competency statuses are assigned as part of the initial QPoint build, the associated documents will remain stored locally.

4.3 Collaboration and Approval

The reassessment process for historical records shall be conducted collaboratively by managers, senior scientific staff, and supervising pathologists. All competency determinations are to be reviewed and formally signed off by responsible personnel to ensure integrity, validity, and alignment with the Framework's requirements.

4.4 Record Retention

All historical competency records will remain available and be retained in accordance with applicable records management and regulatory retention requirements.

4.5 Monitoring and Review of Competency Status

Competency outcomes recorded in the QMS will continue to be monitored and reviewed through the organisation's routine competency assessment processes. A risk-based approach will be applied to determine monitoring requirements and timelines, ensuring ongoing compliance with the Scientific and Technical Training and Competency Framework.

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5. Roles and Responsibilities

Laboratory Managers, Managers of Scientific and Technical Staff, Senior Scientific Staff, and Assessors	Lead the reassessment and realignment of historical competency records in accordance with the Scientific and Technical Training and Competency Framework. Evaluate historical records using approved competency determination methods and assign appropriate standardised competency outcomes. Ensure competency determinations are accurately documented and supported by appropriate evidence in the QMIS. Collaborate to maintain consistency and integrity in competency outcomes across the organisation.
Supervising Pathologists	Provide oversight and clinical input into the competency reassessment process. Support and validate competency determinations, particularly for high-risk or complex testing. Ensure that outcomes align with clinical governance and patient safety standards.

6. Related Policy Documents

Scientific and Technical Training and Competency Framework

7. Review

This policy will be reviewed by 01/07/2026.

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8. Risk

Risk Statement	If this policy did not exist, the organisation would face significant risks including inconsistent competency documentation across sites, undermining standardisation and quality assurance efforts. This could lead to unreliable records of staff competency, impacting patient and client safety.
Risk Category Choose at least one category	Assets & Infrastructure ☐; Clinical Care & Patient Safety ☒; Compliance ☐; Cyber Security ☐; Governance ☐; Information, Technology & Data ☐; Leadership & Management ☐; People & Culture ☐; Resilience ☐; Technological ☐

9. Further Information

For further information, please contact:

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10. Version History

The approval and amendment history for this document must be listed in the following table.

Version No	Effective Date	Approved By	Approval Date	Policy Author	Risk Rating	Sections Modified
X	DD/MM/YYYY	Approving Entity	DD/MM/YYYY		Low/Medium/ High/Extreme	New Policy

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