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## Staff Training and Assessment

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### 1. PURPOSE

The Royal Children's Hospital (RCH) is committed to provide all staff with opportunities for supervision and appraisal to enable them to perform their duties to the best of their ability and to standards of best practice as identified by the organisation.

This document describes a generic procedure followed by staff associated with the Haemopoietic Stem Cell Transplant (HSCT) Programme within the Children's Cancer Centre (CCC) at RCH when training staff to fulfil their contractual obligations.

### 2. SCOPE

This procedure applies to training, competency and ongoing professional development for all medical staff members associated with the HSCT Programme, with the exception of the Cell Therapy and Flow Cytometry Laboratory which is compliant with the RCH Laboratory Services Quality System. The Patient Service Assistants (PSA) (managed by Support Services) are trained for specific tasks as listed in CL-F-005. Detailed specific training procedures and requirements are documented within each respective area of the HSCT Programme.

### 3. RESPONSIBILITIES

All staff are responsible to be familiar with this procedure and complete and maintain training and assessment records as required. All records are stored in a confidential manner in individual staff files and or with the RCH Human Resources Department.

It is the responsibility of the **Head of the HSCT Programme** to;

- Supervise and review the training of Fellows, Registrars and Residents associated with the HSCT Programme.
- Nominate appropriate trainers to address any specific area of competency.
- Ensure that annual performance assessment of staff within their delegated area of responsibility is completed.
- Work in consultation with Nurse Program / Unit Managers / Senior Staff members in order to attain best practice.

It is the responsibility of the **Nurse Program / Unit Managers / Senior Staff members or equivalent** to;

- Over-see the training of staff within their designated area of responsibility.
- Ensure that trainers are competent in the relevant task and / or possess an in depth understanding and experience of the relevant procedure and is capable of explaining essential background knowledge.
- Review training and identify any retraining requirements.
- Ensure that staff are rostered commensurate with their completed mandatory competencies and specific clinical practice proficiencies.
- Ensure that annual performance assessment of staff within their delegated area of responsibility is completed.

It is the responsibility of the **Quality Manager (QM) or equivalent** to;

- Provide training in the HSCT Programme Quality System.
- Monitor implementation, maintenance and compliance to this procedure.

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### 4. DEFINITIONS

RCH Staff member – All appointments at RCH are in accordance with the following RCH Policies and Procedures:

- Appointments, Promotions and Transfers. Policy Number: RCH0153. Revision 4. 2007.
- Pre-Employment Safety Screening. Policy Number: RCH0156. Revision 2. 2004.
- Casual Nursing Staff RCH. Policy Number: RCH0328. Revision 0. 2004.
- Senior Medical Staff Appointment and Recruitment. Policy Number: RCH0160. Revision 2. 2005.
- Clinical Credentialing (including Registration). Policy Number: RCH0319. Revision 1. 2006.

New Starters Kit – Set of documents to be completed by all new employees at RCH, available from Human Resources site on RCH intranet. [HTTP://www.rch.org.au/hr/intranet/forms/index.cfm?doc\\_id=2159](HTTP://www.rch.org.au/hr/intranet/forms/index.cfm?doc_id=2159)

PDAP – Performance Development and Assessment Program. Organisational development and assessment program for all RCH Staff, available from Human Resources site on RCH intranet. [HTTP://www.rch.org.au/hr/intranet/dev/index.cfm?doc\\_id=11162](HTTP://www.rch.org.au/hr/intranet/dev/index.cfm?doc_id=11162)

### 5. EQUIPMENT AND SUPPLIES

Not applicable.

### 6. PROCEDURE

#### 6.1 Orientation

6.1.1 All staff are required to complete RCH specific orientation. These organisational requirements are available as a "New Starters Kit" located on the Human Resources site on the RCH intranet: [HTTP://www.rch.org.au/hr/intranet/forms/index.cfm?doc\\_id=2159](HTTP://www.rch.org.au/hr/intranet/forms/index.cfm?doc_id=2159). This kit comprises of;

- Confidentiality, Privacy and Security Agreement.
- Personal information to union.
- Staff orientation checklist.
- New Starter Information-Employee use.

6.1.2 Managers or designee must ensure that the new staff member completes all documents and enrol the employee in the next available RCH orientation course; this course includes Fire Training, Infection Control and basic OH&S awareness. NOTE attendance and completion of any online training, e.g. Emergency Procedure Training [HTTP://www.rch.org.au/emerg\\_proc](HTTP://www.rch.org.au/emerg_proc). is compulsory and must be completed according to Organisational Policy.

6.1.3 Once all requirements are fulfilled the records are completed, signed, and either filed in the staff members file or forwarded to the Human Resources Department as required.

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6.1.4 Specific section training, inclusive of HSCT Programme Quality System (includes completing a witnessed Signature Record, QS-F-004) is conducted and recorded in the respective section training record;

- Children's Cancer Centre Nurse Training Record. CL-F-001.
- HSCT Programme Registrar Training Record. CL-F-002.
- Apheresis Div. 1 Training Record. AF-F-001.

NOTE: All records are stored in a confidential manner in individual staff files.

### 6.2 Training and Competency Assessment

6.2.1 The position description is reviewed with the staff member assessing level of experience and competency. This assessment forms the basis for identifying any specific training needs required to enable the staff member to complete their duties.

6.2.2 Training is completed in conjunction with any relevant documentation and each stage of the training is recorded. For ongoing continuing education or specific training (RCH, CCC Learning Packages, CCC Study Days, revisions to HSCT controlled documentation), respective records are;

- Continuing Education Attendance Record. QS-F-001.
- Staff Training and Version Update Record. QS-F-005.

NOTE: There are additional records, (Trend Care software in CCC) documented in specific training procedures within each respective area (Apheresis, Clinical and Laboratory) of the HSCT Programme.

6.2.3 The training process may be summarised as a three-stage process;

- Observed Training- trainee is initially shown the procedure. This includes clear verbal explanation and demonstration of the procedure according to the respective Standard Operating Procedure. Refer to any additional learning tools available in the respective section. The trainer must ensure that all key knowledge skills that the staff member requires to enable them to perform the task competently are adequately covered and made available.
- Supervised Training- trainee performs the procedure under supervision and assistance by the trainer. The trainer re-enforces aspects which were previously covered.
- Independent Training- trainee performs the procedure under supervision, BUT without active assistance from the trainer. The trainer assesses the outcome of the task and in consultation with the trainee deems if the staff member competent to perform the task unsupervised.

Each step of the training process is performed with ongoing consultation between the trainee and trainer. Both the trainer and trainee must feel confident with each respective training step before completing the training record and progressing to the next stage.

6.2.4 Assessment of competency may be evaluated in the following;

- Performance of the procedure a set number of times under supervision (independent training).
- A questionnaire to review the skill.
- Review of the trainee's performance by a third party.

All trainees must be signed off as competent before they are permitted to perform the task independently. All training records are stored in individual staff files.

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### 6.3 Ongoing Training

6.3.1 Ongoing training of staff is required in a number of circumstances, these include;

- Introduction of new or revisions to current procedures.
- If a staff member has not performed the specific task for a number of months.

6.3.2 Staff must be fully trained in accordance with the section 6.2 before implementation of a new procedure.

6.3.3 Revisions to current procedures are acknowledged by completing QS-F-005, Staff Training and Version Update Record. This record is filed as deemed appropriate by the respective section manager.

6.3.4 Retraining is performed and recorded in accordance with this procedure.

### 6.4 Continuing Education

6.4.1 All staff should be encouraged to attend, contribute and participate in conferences, in-services, training courses and lectures. Each staff member is responsible recording attendance by either completing Continuing Education Attendance Record, QS-F-001 or providing substantiating evidence of attendance as applicable. All records should be filed in the staff members' file or as deemed appropriate by the respective section manager.

6.4.2 Staff meetings may serve as a forum to reinforce specific procedures. Documented agreed minutes with an attendance list maybe utilised to demonstrate ongoing education.

### 6.5 Performance Assessment

6.5.1 An initial performance assessment maybe performed as stipulated in the contract of employment, e.g. three months following commencement of the position.

6.5.2 **ALL** staff will have an annual performance assessment according to RCH organisational recommendations. All associated documentation is available from the Human Resources site on RCH intranet. [HTTP://www.rch.org.au/hr/intranet/dev/index.cfm?doc\\_id=11162](http://www.rch.org.au/hr/intranet/dev/index.cfm?doc_id=11162). Performance Development and Assessment Program. Completed competency and training records (where applicable, Trend Care Reports) are in the staff members' file are consulted to complete the annual performance assessment.

6.5.3 A completed signed copy of the Staff Performance Development and Assessment record is forwarded to Human Resources, with the original document filed in a confidential manner with the respective section manager.

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### 6.6 Staff Files

6.6.1 All staff are responsible to complete and maintain training and assessment records. All records are stored in a confidential manner in individual staff files and or with the RCH Human Resources Department. Documents in staff files may include:

- Position Description
- Curriculum Vitae
- Copies of Professional Qualifications
- Documents from the Organisations "New Starters Kit"
- Signature Record, QS-F-005.
- Specific area Training Record (eg CL-F-001, CL-F-002, AP-F-001 etc).
- Continuing Education Attendance Record, QS-F-001 (or collated by HSCT QM or delegate).
- Staff Training and Version Update Record, QS-F-005 (or collated by HSCT QM or delegate).
- Certificates / evidence of attendance / participation at conferences, in-services, training courses and lectures.

Staff files are archived for 10years following cessation of employment.

### 7. ENDPOINT

Not applicable.

### 8. ATTACHMENTS

### 9. REFERENCES

9.1 International Standards for Cellular Therapy Product Collection, Processing and Administration. FACT-JACIE. Fourth Edition. October 2008.

9.2 Medical Laboratories-Particular requirements for quality and competence. AS 4633-2004. ISO 15189:2003.