

Clinical Competency Framework Guidelines

Introduction

The clinical competency framework provides a systematic approach to support service development, continuing professional development of staff and quality of patient care. The framework has been developed from national and local initiatives including skills for health, the knowledge and skills framework as well as local policy authors and expertise. These competencies are therefore supported by a substantial evidence base of best practice.

Clinical competence

Clinical competence within this framework is defined as having “the combination of skills, knowledge and attitudes, values and technical abilities that underpin safe and effective nursing practice and interventions” (NMC 2010 adapted from Queensland Nursing Council 2009).

Purpose

The competency framework aims to:

1. Support the professional development of staff
2. Ensure that staff have the right competencies for the right role
3. Provide evidence of initial training, assessment of competence in practice and verification by line manager
4. Provide a suite of competencies that can be used for self assessment and for the identification of individual training / updating
5. Ensure that policies and guidelines are assessed in practice

Using the competency framework

This competency framework can be used in the same way as a portfolio to build up evidence of the development of an individual’s knowledge and skills, by identifying progression towards the achievement of competency as well as summative assessment. Competencies are identified by band and as either core or specific. These will be agreed and prioritised with your line manager depending on your role and it is expected that all competencies will be achieved over an agreed timescale.

1. Competency documentation
Each competency consists of the following:

1. A competency statement that defines the overall level required to be achieved
2. Evidence of initial training (usually face to face theoretical or classroom based)
3. A checklist of the performance criteria that are required to be demonstrated in practice in order to achieve competence
4. Identification of the level achieved, using a competency rating scale
5. Evidence of assessment of individual performance criteria. This will be either by:
 - peer assessment or clinical expert
 - self assessment
6. Evidence of the completion of all elements of each competency tool with signature of the assessor as well as the nurse achieving competence at the required level.
7. Verification of completion of all competencies will be by the Line Manager
8. A section to record the results of a review of the competency either by self assessment or by peer review

2. Assessment

The achievement and maintenance of competence is a continuous process which involves the integration of theory and learning with practice. Evidence based practice demonstrates the application of knowledge and skill in clinical practice and therefore the purpose of the competency assessment tool is to provide the documentary evidence that this is taking place for every member of clinical staff. To achieve this, the competency tool must be completed over an agreed period of time during which the nurse moves from a state of 'novice' to competent practitioner'. This includes gaining theoretical knowledge which is then applied and assessed in practice. The three stages of assessment are:

- Attendance at formal / initial training
- Assessment in practice
- Verification by line manager

Attendance at formal / initial training

The development of clinical competency will usually start with attendance at a recognised taught course, or through self directed study, elearning and other sources of professional development. For essential training this is delivered through Leadership, Education and Development. The Managed Learning Environment System should be used to book clinical training and once completed will hold a record of training for individual staff. The competency tool requires only the completion of the date of attendance at the initial training

Assessment in practice

Newly acquired skills

Once initial training has been completed the process of developing competence in practice can commence. For newly acquired skills these should always be assessed by another competent nurse, or where specific expertise is required by a nurse with an additional level of competence.

- The assessing nurse must always be able to demonstrate competence to at least level 4 for the competency being assessed.

Assessment in practice by the competent nurse should take place once sufficient supervised practice and formative assessment has taken place. In some cases the number of assessed practice interventions may be specified in the policy/ guidelines, but where this is not the signing of the performance criteria should not be completed until the assessor is confident that the clinical skill can be consistently demonstrated to the required standard.

- Assessment in practice must be by a competent nurse who is able to spend clinical time in direct observation of practice.

Once all the performance criteria have been completed to the required level, then both the assessor and nurse being assessed can complete the documentation stating that all elements of the competency have been completed and that the nurse can demonstrate competence for that specific clinical skill.

Continuing Professional Development

Where clinical competency has already been demonstrated previously and there is no need for either retraining or formal reassessment of competence, then the competency tool can be used as a self- assessment tool. In this situation for example where annual updating or self-assessment is required the tool can be completed by the nurse his/herself. The tool in this case can be used to help identify any training needs. Assessment can also be by a competent nurse.

Key principles

- The assessing nurse must always be able to demonstrate competence for the competency being assessed at level 3 or above (unless otherwise stated on the competency)
- Assessment in practice must be by a competent nurse who is able to spend clinical time in direct observation of practice
- It is the responsibility of the nurse to ensure that self–assessment of competency and evidence of updating is maintained
- “You must recognise and work within the limits of your competence” (NMC 2015)

- The ability to maintain and develop expertise is dependent upon the continued practice and use of knowledge and skills and you must “maintain the knowledge and skills you need for safe and effective practice” (NMC 2015)

Verification by line manager

Once all the competencies in the competency framework have been completed the line manager will be responsible for the final overall verification. This can be at appraisal or on completion if sooner. Progress towards completion of the framework should be reviewed at agreed intervals with the line manager.

Competency Rating Scale (level descriptors)(Table 1)

This scale identifies the progression from novice (level1) to expert (level 6). It defines level 3 as the minimum standard for competence stated as “Can perform this activity with understanding of theory and practice principles without assistance and/or direct supervision”. All assessors must be practising at this level or above to assess competence and ideally should hold a mentorship qualification.

NMC (2010) Standards for pre-registration nurse education

NMC (2015) The Code: Professional standards of practice and behaviour for nurses and midwives

Levels of competency Rating Scale

	Level of achievement	Level
Novice	Cannot perform this activity satisfactorily to the level required in order to participate in the clinical environment	0
↓	Can perform this activity but not without constant supervision and assistance	1
	Can perform this activity with a basic understanding of theory and practice principles, but requires some supervision and assistance	2
Competent Practitioner	Can perform this activity with understanding of theory and practice principles without assistance and/or direct supervision	3
↓	Can perform this activity with understanding of theory and practice principles without assistance and/or direct supervision, at an appropriate pace and adhering to evidence based practice At this level competence will have been maintained for at least 6 months and/or is used frequently (2-3 times /week) The practitioner will demonstrate confidence and proficiency and show fluency and dexterity in practice This is the minimum level required to be able to assess practitioners as competent	4
	Can perform this activity with understanding of theory and practice principles without assistance and/or direct supervision, at an appropriate pace and adhering to evidence based practice. At this level the practitioner will be able to adapt knowledge and skill to special/ novel situations where there maybe increased levels of complexity and/or risk	5
Expert	Can perform this activity with understanding of theory and practice principles without assistance and/or direct supervision, at an appropriate pace and adhering to evidence based practice. Demonstrate initiative and adaptability to special problem situations, and can lead others in performing this activity At this level the practitioner is able to co-ordinate, lead and assess others who are assessing competence. Ideally they will have a teaching and /or mentor qualification	6

Adapted from: Herman GD, Kenyon RJ (1987) Competency-Based Vocational Education. A Case Study, Shaftsbury, FEU, Blackmore Press, cited in Fearon, M. (1998) Assessment and measurement of competence in practice, *Nursing Standard* 12(22), pp43-47.