

Ongoing competency evaluation policy

Policy | WRK-POL-001

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Title	Ongoing competency evaluation policy
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Version and status	1.0 Draft, for ASF Expert Committee approval
Prepared by	{{roles.quality_lead.name}}, Quality lead
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Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	Standard 2E, criterion 2E.1
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Every workforce member is assessed against the competencies of their own job description at least once a year.
2. Assessments use the forms for the role (WRK-FRM-001), signed by the staff member and the line manager.
3. A competency gap always leads to a learning action with an owner and a date.
4. Assessment results are kept in the personnel file and are not used for any other purpose without consent.

Stop and get help straight away if: a staff member is working in a clinical role with no current competency assessment.

1. Purpose

To make sure every staff member is competent for the work they actually do, and that gaps are found and closed, not left unnoticed [EC].

2. Scope

Applies to	All workforce members, paid and unpaid, including locums and volunteers in clinical roles
Locations	All services of {{facility.legal_name}}
When	At appointment, at each annual assessment, and after any change of role
Does not apply to	Students on placement (covered by their placement agreement)

3. Definitions and abbreviations

Term	Meaning in this SOP
Competency	The knowledge, skill and behaviour needed to do a job safely and well
Job description	The written statement of duties and required competencies for a role

Term	Meaning in this SOP
Competency gap	A required competency that the staff member does not yet show

4. Background and rationale

Competence is not a one-time event. Practice changes, equipment changes and people change role. Criterion 2E.1 asks for regular evaluation against the actual job, not a certificate filed at appointment.

5. Responsibilities

Role	Duties in this SOP	Competence needed
Chief executive	Approves the policy and receives the annual summary	Executive
Clinical and service managers	Run assessments for their teams on time; agree learning actions	Management training
Staff member	Takes part in the assessment and completes agreed learning	Own role
Human resources lead	Keeps the assessment schedule and the personnel records	HR administration

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Competency assessment form by role (WRK-FRM-001)	Current version for the role	Matches the job description
Job description	Current, signed	Dated within the last 12 months

7. Safety and infection prevention

- A staff member who is found not competent for a task must not carry out that task unsupervised until the gap is closed.

8. Before you start

- Confirm the role's job description and its competency list are current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Schedule the assessment.	- Set the date at least 4 weeks ahead, for every staff member. - Tell the staff member what will be assessed and what evidence to bring.	No one is missed. The schedule is checked each month.
2	Assess against the job description.	- Use WRK-FRM-001 for the role. - Observe or review evidence for each competency listed.	Assess what the person does, not what they say they do.
3	Record gaps and agree learning.	- Write each gap on the form. - Agree one learning action per gap, with an owner and a date.	A gap without an action is not closed.
4	Check closure.	- Re-assess the gap when the learning action is due. - Record the result and sign the form.	Closure is proven by a second assessment.

Decision points

- If a gap affects patient safety, the staff member is supervised or removed from the task until the gap is closed. The line manager decides and records the decision the same day.

10. Special situations

Situation	What to do
New staff member	Assessment is completed within the probation period, before independent practice.
Change of role	Assessment for the new role is completed before the change takes effect.

11. Problems and escalation

- A staff member who refuses assessment, or a gap that is not closed by its date, is reported to the clinical director and then the chief executive.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Staff assessed in the last 12 months	100%	Monthly	Human resources lead	Escalate to clinical director
Gaps with a learning action and date	100%	Quarterly	Clinical managers	Escalate to chief executive
Gaps closed by their due date	At least 70%	Quarterly	Clinical managers	Review the learning action

13. Records

Record	Where it is kept	Kept for
WRK-FRM-001 Competency assessment form	Personnel file	Employment plus {{facility.records_retention_years}} years

14. Training and competence

- Managers who assess competency are trained in the method before they assess their first team.

15. Related documents

ID	Title	Relationship
WRK-SOP-001	Annual competency assessment procedure	How the assessment is run
WRK-FRM-001	Competency assessment form by role	Record of each assessment
STF-SOP-001	Staff qualification procedure	Qualification checks at appointment

16. Evidence

ID	Source and status
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus. Assessment frequency set by the ASF Expert Committee by the Committee.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval