Standard operating procedure (SOP) · WRK-SOP-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 2E.1

At a glance

- Assess each staff member once a year against their job description, using WRK-FRM-001.
- Observe or review evidence for every competency listed for the role.
- Agree one learning action for each gap, with an owner and a date.
- Re-assess each gap when its learning action is due.
- Stop and get help straight away if: a staff member is in a clinical role and has not been assessed in the last 12 months.

1. Purpose

To describe how the annual competency assessment is run, so that it is the same in every service [EC].

2. Scope

Applies to	Every staff member in a clinical role
Locations	All services of the facility
When	Annually, at appointment, and at change of role
Does not apply to	Non-clinical staff (see the job description for their own assessment)

3. Definitions

Term	Meaning
Evidence	What the assessor sees or reviews to show a competency, such as observation, a case record or a logged procedure
Assessor	A manager or senior clinician trained in the method

4. Background

A consistent method lets the organisation compare results between teams and see where training is needed.

5. Responsibilities

Role	Responsibility	Competence
Assessor	Runs the assessment and records the result	Trained in the method
Line manager	Agrees learning actions and checks closure	Management
Human resources lead	Schedules assessments and keeps records	HR administration

6. Materials and equipment

Item	Requirement	Condition
Competency assessment form (WRK-FRM-001)	Current for the role	Version number matches the role
Job description	Current	Signed and dated

7. Safety

- Assessment of a clinical skill is done with a patient safety focus; any unsafe practice seen stops the assessment and is reported at once.

8. Before you start

- Confirm the list of competencies for the role. Confirm the assessor is trained and is not assessing a direct report alone where the policy requires two assessors.

9. Procedure

Step 1. Prepare the assessment.

- Send the staff member the date, the competencies and the evidence to bring.
- Print WRK-FRM-001 for the role.

Key point: Preparation is what makes the assessment fair.

Step 2. Carry out the assessment.

- For each competency, observe the task or review a case record.
- Mark the result as met, partly met or not met, with a note of the evidence.

Key point: Record the evidence, not an opinion.

Step 3. Agree learning actions.

- For each partly met or not met item, agree one action, owner and date.
- Both the staff member and the assessor sign the form.

Key point: An agreed action is the start of closure.

Step 4. Close the gaps.

- Re-assess the item when the action is due.
- Update the record and the training matrix (WRK-REG-001).

Key point: Closure is proven by re-assessment.

10. Decision points

- If any competency is not met and it is needed for safe practice now, the staff member is supervised until the gap is closed.

11. Special situations

Situation	Action
Assessor not available	Another trained assessor completes the assessment. The change is recorded on the form.

12. Escalation

- Any unsafe practice found during an assessment is reported to the clinical director on the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Assessments completed on time	100%	Monthly	Human resources lead	Escalate to clinical director
Forms with evidence recorded for every item	100%	Quarterly	Clinical managers	Re-assess the incomplete items

14. Records

Record	Kept in	Retention
WRK-FRM-001 Competency assessment form	Personnel file	Employment plus the period set by the facility’s records policy years

15. Training

- Assessors complete a short course on the method and observe at least one assessment before assessing alone.

16. Related documents

ID	Title	Use
WRK-POL-001	Ongoing competency evaluation policy	Policy this procedure supports
WRK-FRM-001	Competency assessment form by role	Record used in step 2
WRK-REG-001	Training matrix register	Updated after each closure

17. Evidence

Reference	Note
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- **Credentialing, Competence and the Training Matrix** (T-14)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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