POCT Training and Competency for end users/operators

|  |  |
| --- | --- |
| Document Author/Reviewer | Clemora Wilkinson |
| Document Owner | Rachel Lampard |
| Approved By | Rachel Lampard |
| Review Interval | 2 years |

**Changes from last version of this document**

New template

General review

Inclusion of pre-certification

Table of Contents

[1 Introduction and Scope 3](#_Toc256000000)

[2 Abbreviations and Definitions 3](#_Toc256000001)

[3 Tasks, responsibilities and authorisation 3](#_Toc256000002)

[4 Main Content 4](#_Toc256000003)

[4.1 Initial Operator Training 4](#_Toc256000004)

[4.2 Competency Assessment 5](#_Toc256000005)

[4.3 Recertification of Operators 5](#_Toc256000006)

[5 Training Requirements 6](#_Toc256000007)

[6 Monitoring Compliance 6](#_Toc256000008)

[7 Publication and Distribution 6](#_Toc256000009)

[8 References 6](#_Toc256000010)

[9 Associated Documents 6](#_Toc256000011)

# Introduction and Scope

This policy outlines how to ensure that all Point of Care Testing (POCT) training provided to end users/operators adheres to current quality standards. The standards used are taken from United Kingdom Accreditation Service (UKAS) standards ISO 15189 and the Medicines & Healthcare products Regulatory Agency (MHRA) guidance on the use of point of care test devices. Adherence to these frameworks ensures the highest quality of service for patients and healthcare professionals.

This policy is aimed at

* All employees of York & Scarborough Teaching Hospitals NHS Foundation Trust who perform analytical tests for any patient outside the conventional laboratory setting (regardless of where the POCT device is used)
* Trust employees or departments considering introduction of POCT
* Scarborough Hull York Pathology network services (SHYPS) staff based at York, Scarborough or Bridlington sites.

All POCT operators have a professional responsibility to ensure that their training, competency assessment and recertifications are up to date.

Please refer to the Point Of Care Testing Policy (PC/POL/YS-1) for the use of POCT in York & Scarborough NHS Foundation Trust

# Abbreviations and Definitions

|  |  |
| --- | --- |
| **Definition/ Abbreviation** | **Expansion/ Meaning** |
| POCT | Point of Care Testing |
| UKAS | United Kingdom Accreditation Services |
| MHRA | Medicines & Healthcare products Regulatory Agency |
| EQA | External Quality Assurance |
| ISO15189 | BS EN ISO15189: 2022 Medical laboratories - Requirements for quality and competence  |

# Tasks, responsibilities and authorisation

All staff required to use any POCT equipment as part of their clinical/laboratory-based role, including all members of the POCT team, are covered by this policy. For overall responsibility of oversight of training see the SHYPS Training, Education & Development Policy (NT/POL/SHY-1).

# Main Content

POCT organise regular training for operators to book onto and attend. POCT aim to make themselves available for ad hoc and on the ward training where required.

## Initial Operator Training

Training must be carried out before any operator is able, and given access, to use any POCT equipment in a clinical setting. This initial training should always be a face-to-face session from a suitably qualified person:

* A member of the POCT team – *trained and competent to hold training sessions as per Intermediate Tasks for POCT staff*
* A company representative for the equipment
* A link trainer – *with a signed link trainer agreement (PC/FOR/YS-18)*
	+ *Link trainer agreements are stored on X: Drive > Biochemistry > POCT > Training Records.*
	+ *Link trainer database:* [*Link trainer database - Google Sheets*](https://docs.google.com/spreadsheets/d/1KsAXhqzKaXN2XgsZHdMl2jeA1WxwmBklzXxTsrGWC_g/edit?gid=0#gid=0)
	+ *All link trainers are reviewed every 2 years*
	+ *POCT link trainer audit aims to assess quality of our link trainers over time*

The training session must be formatted to include key points as outlined here:

* Sample collection and pre-analytics
* Clinical use and limitations
* Expertise in the analytical process
* Reagent storage
* Quality control and External Quality Assurance (EQA)
* Technical limitations of the test
* Response to results both within and outside of the reference range
* Appropriate documentation of results
* Troubleshooting and who to contact
* Infection control guidance

Upon receipt of a completed training log (PC/FOR/YS-11 or PC/FOR/YS-22):

* the operator ID will be generated and access to the specific POCT equipment will be given in middleware
* operator ID barcode will be sent in the internal post for ease of access
* training paperwork will be stored in *X: Drive > Biochemistry > POCT > Training Records.*

Initial training will give the operator access to the POCT equipment they have been trained on but does not demonstrate competency to carry out the test alone. The operator should perform any clinical test with supervision/observed until they feel competent and return signed competency paperwork to POCT.

Where possible ‘Pre-certificate’ will be used in the middleware which gives operator 3 months access to the POCT analyser following training awaiting their signed competency statement to be returned to POCT. After which the pre-certificate will be removed, and operator given a full certificate.

## Competency Assessment

Following training, the trainee will be provided with a ‘Self-Assessment Competency’. The trainee should perform analysis under observation until they feel competent. Both the trainee and a fully trained colleague should read and sign off the competency paperwork and return the paperwork to POCT. The operator is now deemed competent to perform analysis without supervision.

Upon receipt of competency paperwork to POCT, this will be documented in the relevant middleware for the POCT equipment and paperwork stored in *X: Drive > Biochemistry > POCT > Training Records.*

## Recertification of Operators

Recertification on all POCT equipment is required every 2 years, usually by an assessed knowledge quiz with an 80% pass mark. On all ‘connected’ equipment such as blood gas analysers and glucose meters, operators’ access will expire, and they will be unable to log in to use the analyser.

Operators are warned of the need to recertify in the months prior to expiry by:

* Pop-up message on analyser screen (glucose meters)
* Auto-email sent from middleware
* Manual email sent from POCT team (see Intermediate tasks for POCT Staff SOP PC/SOP/YS-28)

POCT aim to make recertification simple, with many recertification quizzes now available on Trust Learning Hub, along with a ‘self-declaration’ tick box acting as a ‘Self-Assessment Competency’.

* Learning Hub completions are monitored and POCT staff update operator certificates daily.
* Learning Hub completion lists are cleared, sent to POCT by email and stored in *X: Drive > Biochemistry > POCT > Training Records* quarterly.
* Learning Hub quizzes are reviewed by POCT every 2 years minimum to ensure appropriate and up to date content.

Some lesser used or manual POCT analyses are recertified by paper quiz and competency, operators will be guided to find this paperwork on the Trust POCT intranet page *Recertification and training documents* page.

Any operator who does not feel confident, has not used the piece of equipment regularly, or who fails the recertification quiz is welcome to return for face-to-face training as in section 4.1 before access to equipment is re-instated.

# Training Requirements

This is an informative document. There is no specific training to support this document.

It is expected that all POCT staff have an awareness of this policy, for guidance in decisions pertaining to education, training & development.

# Monitoring Compliance

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Element monitored** | **Lead** | **Tool** | **Frequency** | **Reporting****arrangements** |
| Training quality | POCT Team | Link trainer audit | Quarterly |  |
| Number of trained operators and link trainers | POCT Team | KPIs(using glucose operators as eg) | Monthly |  |

# Publication and Distribution

This document will be available on:

* QPulse to all POCT staff
* Trust intranet POCT Recertification and Training pages to all POCT operators/end-users

All training documentation received by POCT is scanned and retained in the *X:Drive > Biochemistry > POCT > Training Records*

# References

* ISO Standards **ISO 15189:2022**
* Management and Use of IVD Point of Care Test Devices, MHRA DB2010(02), February 2010 Available from www.mhra.gov.uk
* Guidelines on Point of Care Testing, Royal College of Pathologists 2004 Available from www.rcpath.org/resources/pdf/point-of-caretesting-updatedoct04.pdf

# Associated Documents

* SHYPS Training, Education & Development Policy (NT/POL/SHY-1)
* POCT Policy (PC/POL/YS-1)