

Point of Care Testing Training Policy

Issue Date	Review Date	Version
July 2021	January 2022	4

Purpose

The Trust POCT training policy aims to safeguard a high standard of care by ensuring that:

- all users of POCT in UHP are fully trained and competent to use POCT devices to produce safe and accurate results
- all staff using POCT devices are assessed at defined intervals for competence.
- all training is standardised across UHP.
- all staff training is recorded.
- all results are recorded and acted on appropriately.

Who should read this document?

All users of point of care testing equipment and trainers providing training and competency assessment of point of care testing equipment users.

Key messages

Plymouth Hospitals NHS Trust expects all Point of Care Testing to be carried out in a controlled way, by staff with sufficient understanding and training to do so in a safe and effective manner.

Training and retraining on POCT devices shall be conducted as if those devices were high risk medical devices as defined in the Medical devices training policy. Exceptions to this grading shall be considered on a case by case basis and decided upon by the POCT governance group. The decision to re-grade a device shall be logged in the SOP for that device.

Accountabilities

Production	The Point of Care Testing Section
Review and approval	The Point of Care Testing Governance Group
Ratification	Medical Director
Dissemination	The Point of Care Testing Governance Group
Compliance	The Point of Care Testing Governance Group

Links to other policies and procedures

Medical Devices Training Policy (Trust document)

The Management and Use of Medical Devices. (Trust document)

Point of Care Testing Policy (Trust document)

Point of Care Testing Audit Policy (Trust document)

ISO 15189: 2012

ISO 22870: 2016

Version History

1	October 2011	Published on the trust document network share folder
2	June 2012	New format used. Addition of the terms POCT Governance Group and the Effective Care Group.
3	June 2017	Reviewed for second edition
3.1	February 2021	Extended to May 2021
4	June 2021	Reviewed for fourth edition – minor updates only

The Trust is committed to creating a fully inclusive and accessible service. By making equality and diversity an integral part of the business, it will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on the Trust Documents Network Share Folder (G:\TrustDocuments). Larger text, Braille and Audio versions can be made available upon request.

Section	Description	Page
1	Introduction	4
2	Purpose, including legal or regulatory background	4
3	Definitions	4
4	Duties	5
5	Key elements (determined from guidance, templates, exemplars etc)	5
6	Overall Responsibility for the Document	7
7	Consultation and ratification	8
8	Dissemination and Implementation	8
9	Monitoring Compliance and Effectiveness	8
10	References and associated documentation	8
Appendix 1	Dissemination Plan	
Appendix 2	Review and Approval Checklist	
Appendix 3	Equality Impact Assessment	
Appendix X	Further Appendices if necessary	

1 Introduction

Point of care testing (POCT) is defined as any analytical test performed by a healthcare professional or non-medical individual outside the conventional laboratory setting. POCT is currently performed in many clinical areas using non-instrumental systems (e.g. urinalysis strips), small analysers (e.g. blood glucose meters) or benchtop analysers (e.g. machines for blood gas measurement). Advances in technology are eliminating the need for sample preparation procedures and allowing the use of whole blood for analysis and it is likely that the demand for and scope of POCT will increase.

2 Purpose, including legal or regulatory background

The Chief Executive of the Trust is responsible for the safe use and management of Point of Care medical devices within the Trust. This responsibility has been delegated to the POCT team guided by a multidisciplinary committee acting within the framework of a Trust POCT policy and responsible to the Trust via clinical governance.

The Trust POCT training policy aims to safeguard a high standard of care by ensuring that

- all users of POCT in UHP are fully trained and competent to use POCT devices to produce safe and accurate results
- all staff using POCT devices are assessed at defined intervals for competence.
- all training is standardised across UHP.
- all staff training is recorded.
- all results are recorded and acted on appropriately

Individuals must not use any POCT devices unless they have been trained and certified as competent to do so.

3 Definitions

Point of Care Testing (POCT)- this term refers to any analytical test performed outside of the traditional laboratory by a trained operator in a clinical area near to the patient.

Point of Care Testing Team (POCT Team)- The team consists of management and clinical leads, biomedical scientists, associate practitioners and assistant technical officers who are responsible for the provision and support of the point of care testing service. The team is based in the Derriford Combined Laboratory (DCL).

Point of Care Testing Governance Group- this group is responsible for the governance of the point of care testing service within the trust.

Standard Operating Procedure (SOP)- a document which presents the recognised process or procedure which must be followed in order to minimise health and safety and operational risk.

Link Trainer- Individual who is providing training on behalf of the point of care team. They shall themselves be competent in the use of the devices that they train others to use.

4 Duties

The POCT Team will ensure that adequate training is provided on point of care testing equipment to ensure the quality of results remains high.

The users of point of care testing equipment have a duty of care within their professional roles to ensure that they have received training to perform a test at the point of care and that they have remained competent to do so.

Point of Care users have a duty to protect their passwords and maintain their exclusivity. No user may ever lend or distribute their password or use it to allow access of POCT devices by anyone but themselves.

Competency assessments will be provided by the POCT team or individuals appointed on their behalf, and staff competence will be recorded on training forms that are submitted to the POCT team. A copy must also be held by either the ward or the individual depending on the practice in the area in which the user is based

Training is only provided to staff that are required to use POCT equipment as part of their core duties so authorisation to use each piece of equipment is assumed when training and competency is completed.

5 Key elements (determined from guidance, templates, exemplars etc)

5.1 Delivering Training to Users

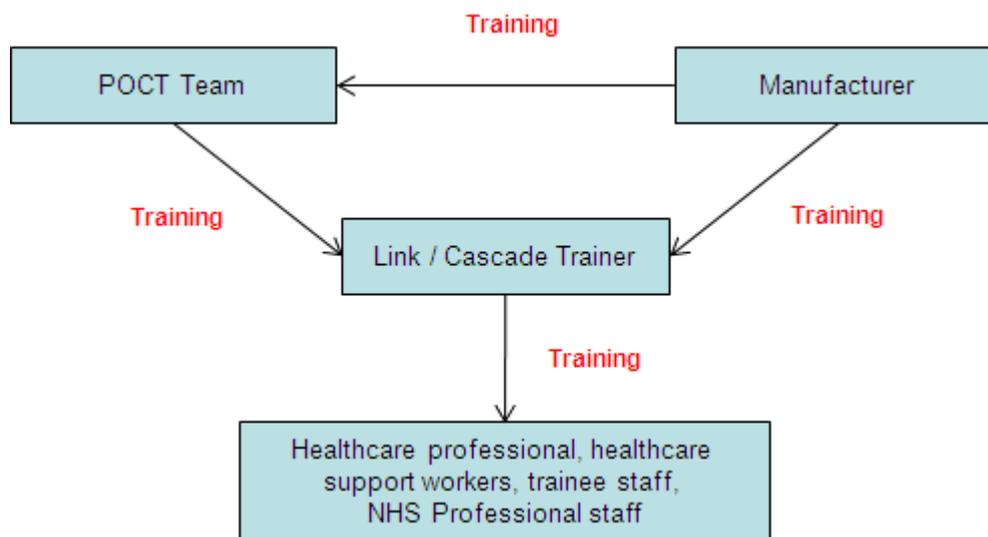
The POCT team consists of state registered Biomedical Scientists, Medical Technical Officers, Associate Practitioners and Assistant Technical Officers. These staff members provide training on a regular basis to areas of the acute trust, primary care trust and private ventures.

Training may also be delivered by nominated Link Trainers (also referred to as Cascade Trainers or medical device link practitioners) who will be responsible for providing training to point of care users on behalf of the POCT team.

Training and support may also be provided by the manufacturer of any given point of care test used within the areas covered by the POCT team. This training can take the form of presentations, seminars, training groups or classes and be delivered by a trainer employed by the manufacturer or distributor of the point of care test.

Where necessary the POCT team will provide one-to-one sessions, take part in induction days for new staff, or take part in training days for existing staff teams.

- Training sessions may take the form of verbal or practical sessions, or a combination of both.
- The diagram below shows the cascade of training that POCT will endeavour to provide. Direct training by the POCT department or by the manufacturer is acceptable but it is intended to make link training the predominant training method in the trust.



5.2 Recording of Training and Competence

The records required in this policy are intended to satisfy the requirements of ISO 15189 and ISO 22870 with regard to the appropriate governance of the Point of Care testing service. They are additional to the requirements of the Trust Medical Devices Training Policy and any requirements of professional bodies or similar regulatory institutions.

It shall remain the responsibility of the individual and the ward to maintain competency in line with the Trust Medical Devices Training Policy. Wards are departments are free to maintain electronic and paper records in addition to those described in this policy. Suggested competency documents are available on Staffnet in the point of care section of the Trust documents folder.

Training shall be recorded in middleware (Gemweb, UniPOC and other systems). This shall form the formal record of training within the POCT department. In order to certify a worker as trained we require an assertion by a registered trainer that training has occurred. Certification shall (where possible) be for 3 years in accordance with the Trust Medical Devices Training Policy. A worker can only access a middleware controlled POCT device if they possess a virtual certificate.

Link trainers

Training will be delivered by Link Trainers in their immediate clinical areas. On completion the Link Trainer shall inform POCT that the training is complete.

POCT shall record:

- a) Date of training
- b) Name and associated badge code

It is intended that link trainers shall record any training they perform in addition to informing the POCT team.

5.3 Training Elements

- All POCT training will be appropriate for the task, and cover all aspects of the POCT process, to include:
 - The clinical use of the test

- Clinical governance issues (including awareness of UKAS assessment and ISO requirements)
- Infection control and health and safety issues
- Correct technique
- Operation of equipment
- Maintenance of equipment
- Storage of consumables
- Sample requirements
- Recording of results
- Awareness of contraindications of use or interferences
- Medico-Legal implications
- Participation in internal quality control and external quality assurance
- Contact details of the POCT team for support

Training and retraining on POCT devices shall be conducted as if those devices were high risk medical devices as defined in the Medical devices training policy. Exceptions to this grading shall be considered on a case by case basis and decided upon by the POCT governance group. The decision to re-grade a device shall be logged in the SOP for that device.

5.4 Staff Groups

Plymouth Hospitals NHS Trust employs a diverse workforce with staff members requiring different levels of training and competence within their individual roles.

5.4.1 Specific staff groups covered by this policy include the following: doctors, registered nurses, midwives, healthcare assistants, armed forces personnel, technical staff and all allied health professionals.

5.4.2 NHS Professionals, agency staff and students of health professions are required to operate within the constraints of this policy, ensuring competency to perform POCT analysis before undertaking such tests unsupervised.

5.5 Personal Professional Portfolio

Staff members who have received formal training must record it in their Personal Professional Portfolio (or other designated personal training record).

6 Overall Responsibility for the Document

This document is subject to ratification by the POCT Governance Group within the trust clinical governance structure.

The development of the document is the responsibility of the section lead for POCT. The content of the document will be developed by the POCT Governance Group.

7 Consultation and Ratification

The Point of Care Testing Training Policy is subject to the approval of the following Groups-

POCT Governance Group

DCL POCT Team

The Medical Director

All issues regarding Point of Care equipment are subject to consultation with the following Groups-

Quality Governance and Improvement Group

Safety and Quality Committee

Medical Devices Strategy Group

8 Dissemination and Implementation

This document will be held on the trust intranet (Staffnet) on the Pathology POCT page. This is accessed through the local portal and via document library, trust documents and then the POCT area.

The issue of a new version of this document will be communicated to staff through the trust daily email.

Implementation of the policy will be driven by the section lead for POCT in partnership with Care Group Managers through to Ward Managers.

It is the responsibility of all trust staff who engage in POCT activities to be aware of the content of this document.

9 Monitoring Compliance and Effectiveness

Compliance with the policy will be monitored through regular audit of point of care processes performed by users covered by the policy. Audits will be conducted as defined in the POCT Audit Policy.

Audits will be performed by members of the Point of Care Testing team or individuals appointed by them to conduct them on the team's behalf. The findings of the audit programme will be held electronically within the Combined Laboratory quality management system and the actions generated from these audits will be carried out by point of care staff. Preventive, corrective actions and root cause will be recorded on the quality management also.

The failure to comply with the policy may result in reports being presented to the Quality Governance and Improvement Group, Safety and Quality Committee or the POCT Governance Group for action. The effectiveness of the policy and point of care issues are discussed at the Point of Care Testing Team meetings and the Point of Care Testing Governance Group meetings which are held quarterly.

10 References and Associated Documentation

Medical Device Training Policy

The Management and Use of Medical Devices.

Point of Care Testing Policy

Point of Care Testing Audit Policy

All available through Staffnet in Derriford Hospital

Core Information				
Document Title	Point of Care Testing Policy			
Date Finalised	July 2021			
Dissemination Lead	Richard Kua			
Previous Documents				
Previous document in use?	YES, For removal immediately upon release of this version			
Action to retrieve old copies.	Electronic copy removed from Trust Documents. No paper copies exist.			
Dissemination Plan				
Recipient(s)	When	How	Responsibility	Progress update
All staff	July 2021	Trust Documents	Document Control	

Review		
Title	Is the title clear and unambiguous?	Y
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Y
	Does the style & format comply?	
Rationale	Are reasons for development of the document stated?	Y
Development Process	Is the method described in brief?	Y
	Are people involved in the development identified?	Y
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Y
	Is there evidence of consultation with stakeholders and users?	Y
Content	Is the objective of the document clear?	Y
	Is the target population clear and unambiguous?	Y
	Are the intended outcomes described?	Y
	Are the statements clear and unambiguous?	Y
Evidence Base	Is the type of evidence to support the document identified explicitly?	Y
	Are key references cited and in full?	Y
	Are supporting documents referenced?	Y
Approval	Does the document identify which committee/group will review it?	Y
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Y
	Does the document identify which Executive Director will ratify it?	Y
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Y
	Does the plan include the necessary training/support to ensure compliance?	Y
Document Control	Does the document identify where it will be held?	Y
	Have archiving arrangements for superseded documents been addressed?	Y
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Y
	Is there a plan to review or audit compliance with the document?	Y
Review Date	Is the review date identified?	Y
	Is the frequency of review identified? If so is it acceptable?	Y
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Y

Core Information	
Manager	Richard Kua
Directorate	Pathology
Date	July 2021
Title	Point of Care Testing Training Policy
What are the aims, objectives & projected outcomes?	<p>The trust POCT training policy aims to safeguard a high standard of care by ensuring that</p> <ul style="list-style-type: none"> • all users of POCT in UHP are fully trained and competent to use POCT devices to produce safe and accurate results • all staff using POCT devices are assessed at defined intervals for competence. • all training is standardised across UHP. • all staff training is recorded. • all results are recorded and acted on appropriately.
Scope of the assessment	
The assessment covers all staff who perform POCT testing or provide training to point of care testing users.	
Collecting data	
Race	There is no evidence to suggest there is a disproportionate impact on race. However, data collection will be monitored through incidents and complaints on Datix. Engineers from sub-contractor organisations that are required to repair equipment will adhere to Trust policy regarding equality & diversity.
Religion	There is no evidence to suggest there is a disproportionate impact on religion and belief. However, data collection will be monitored through incidents and complaints on Datix. Engineers from sub-contractor organisations that are required to repair equipment will adhere to Trust policy regarding equality & diversity.
Disability	<p>There is no evidence to suggest there is a disproportionate impact on disability.</p> <p>Consideration for reasonable adjustment requests from staff for training will be made.</p> <p>Data collection will be monitored through incidents and complaints on Datix. Engineers from sub-contractor organisations that are required to repair equipment will adhere to Trust policy regarding equality & diversity.</p>

Sex	There is no evidence to suggest there is a disproportionate impact on sex. However, data collection will be monitored through incidents and complaints on Datix. Engineers from sub-contractor organisations that are required to repair equipment will adhere to Trust policy regarding equality & diversity.			
Gender Identity	There is currently no data collected for this area, however, data collection will be monitored through incidents and complaints on Datix.			
Sexual Orientation	There is no evidence to suggest there is a disproportionate impact on sexual orientation. However, data collection will be monitored through incidents and complaints on Datix. Engineers from sub-contractor organisations that are required to repair equipment will adhere to Trust policy regarding equality & diversity.			
Age	There is no evidence to suggest there is a disproportionate impact on age. However, data collection will be monitored through incidents and complaints on Datix. Engineers from sub-contractor organisations that are required to repair equipment will adhere to Trust policy regarding equality & diversity.			
Socio-Economic	There is currently no data collected for this area, however, data collection will be monitored through incidents and complaints on Datix.			
Human Rights	There is no evidence to suggest that there is a disproportionate impact on human rights regarding this policy			
What are the overall trends/patterns in the above data?	There is no data or trends identified at this time			
Specific issues and data gaps that may need to be addressed through consultation or further research	There is no data currently collected for gender identity or socio-economic			
Involving and consulting stakeholders				
Internal involvement and consultation	Discussion with GU health about providing governance to external organisations. (including voluntary sector)			
External involvement and consultation	No external consultation was undertaken on this policy			
Impact Assessment				
Overall assessment and analysis of the evidence	<p>Consideration for reasonable adjustment requests from staff for training will be made.</p> <p>Engineers from sub-contractor organisations that are required to repair equipment will adhere to Trust policy regarding equality & diversity.</p>			
Action Plan				
Action	Owner	Risks	Completion Date	Progress update
No action Required				