Name of Policy: **Training and Annual Competency Documentation** **Policy Number**: 3364-107-208 **Approving Officer**: Medical Director, Clinical Pathology **Responsible Agent**: Director, Clinical Pathology Administrative Director, Lab **Scope**: Pathology Laboratory University of Toledo Medical Center	UTOLEDO HEALTH **Effective date:** 01/04/2025 **Original effective date**: 10/06/2003
Key words: Training, annual competency, selecting applicants, documentation, continuing education.	

☐	New policy proposal	☐	Minor/technical revision of existing policy
☐	Major revision of existing policy	☒	Reaffirmation of existing policy

(A) Policy statement

The Clinical Laboratory maintains an adequate and competent staff and assesses and documents the competency of staff at the completion of training and annually thereafter.

(B) Purpose of policy

To assure that all staff are knowledgeable with each procedure they are expected to perform and practice each procedure according to written instructions in the department policy and procedure manuals.

(C) Procedure

Personnel Selection

Candidates for positions in the Clinical Laboratories are interviewed by the appropriate supervisor and/or the Clinical Laboratory Manager and a Human Resources representative. Selection will be based on ability of candidate to meet requirements stated in the core qualifications and the position description (see attachments). All personnel must have a completed Qualification Summary or resume, primary source verification of certification, college transcripts, Competency Checklist and Annual Competency Documentation on file with the department.

Training and Competency Documentation

All staff members working in the Clinical Laboratories at UTMC must complete the training checklist by demonstrating proficiency in all required tasks outlined in the department Orientation/ Training procedures. The checklist must be completed before the staff member is permitted to work without direct supervision. After six months, the initial competency checklist is assigned and completed within 2

months. After 12 months the second competency checklist is assigned and must be completed within two months. All employees working in the Clinical Lab performing high-complexity testing must complete an annual competency checklist as described below.

Annual Competency Documentation and Continuing Education

Each calendar year, each staff member shall complete the following:

1. Satisfactory performance of at least one proficiency sample per year for each type of testing performed (test unknowns may be CAP, OABB or UTMC-made).

2. Documented observed performance according to written procedures for each department routinely worked, including elements of specimen acceptance, QC and maintenance procedures, and result and record review. Acceptable performance is documented through direct observation by bench supervisor, satisfactory performance of at least 80% on written or oral tests of policy, procedure and computer knowledge and the absence of significant error in review of the technologist's work. Competency to perform duty is also documented in technologist's annual work performance review.

3. Acknowledge review of all new or revised policies and procedures in effect for current year on the Staff Notification form.

   As each of the above items is completed, it is documented on the Annual Competency Checklist which is then initialed by the observer (general supervisor level). The Director of Clinical Laboratories is notified by the appropriate supervisor when any technologist working in the Clinical Laboratories fails to complete the department initial Competency Checklist or the Annual Competency Checklist. Errors detected through failed proficiency testing, direct observation or failed written tests are corrected by retraining and documentation according to department Orientation/ Training procedures. Retraining must be completed before staff member is permitted to work without direct supervision.

Continuing Education

Participation in Certificate Maintenance Program through ASCP-BOC is mandatory. Staff not subject to CMP requirements and certification renewal are strongly encouraged to participate in a minimum of two continuing education activities per year. Attendance at seminars, workshops, in-services or other educational programs is documented by the technologist with a copy of certificate of attendance provided by the event placed in the Training and Competency file. Reading and discussing transfusion-related books and magazines are acceptable C.E. activities. Failure to participate in the minimum number of C.E. activities will be noted on annual work performance review.

References:

Food and Drug Administration, Department of Health and Human Services. Title 42, Code of Federal Regulation, Parts 493 to end. Washington, DC: U.S. Government Printing Office, (revised annually)

Food and Drug Administration, Center for Biologics Evaluation and Research. Guidelines on quality assurance in blood establishments. Rockville, MD: Food and Drug Administration, 1995 (Docket No. 91N-0450).

Approved by: /s/_____ Name: Amira Gohara, M.D. Title: Medical Director, Clinical Pathology 1/10/2025_____ Date *Review/Revision Completed by:* *Joshua Otiso, Administrative Director, Lab*	**Policies Superseded by This Policy:** • *P-08* Initial effective date: 10/06/2003 Review/Revision Date: 01/04/2025 Next review date: 01/04/2027

See Departmental Files for Necessary Documents:
Staff Qualification Summary
Continuing Education Form
Position Descriptions