South West TP Group

Update for RTC

Requirements for Training and Assessment

- Released by NBTC in March 2016
- Developed from BCSH Guidelines for Administration of Blood Components 2009
- Replaces NPSA SPN 14 'Right Patient, Right Blood'
 - Initial training
 - One off observed competency assessment
 - Ongoing training and knowledge assessment
 yearly (<2 yearly for blood collection)



National Blood Transfusion Committee

National Blood Transfusion Committee

Requirements for Training and Assessment in Blood Transfusion

Summar

- This document and the National Standards (Appendix 1) set out what the National Blood Transfusion Committee (NBTC) consider to be necessary requirements for transfusion training.
- For all staff involved in the transfusion process Trusts must have in place a system for training, knowledge and understanding assessments to be undertaken a minimum of every 3 years (2 years for blood collection) and more frequently if deemed necessary at a local level.
- . Training may take the form of face to face training, E learning or local workbook
- Following an individual's initial training, a one off practical competency assessment must be undertaken. This practical assessment need not be repeated if there is on-going satisfactory performance but should be repeated if there is a period of greater than one year out of a workplace where transfusion routinely take place.
- Individuals who are involved in transfusion related incidents, or who fail knowledge tests or practical
 assessments, should be managed in a consistent way as set out in locally defined policies.

Background

in 2006 the NFSA, in conjunction with the NSTC and SHOT, issued a Safer Practice Notice, [SFN14], Right Patient Right Blood. This document detailed actions to be taken by all NHS and independent sector organisations to improve the safety of plood transfusions. Actions required were to implement a programme of training and observational competency assessment for all staff involved in the transfusion process.

The NPSA was abolished in 2012 so a NBTC working group was formed to review the competencies and develop guidance to replace the former NPSA document. The working group's guidance was produced in collaboration with Transtruion Practitioner's across the country and supported by NHS England. The guidance encompassed how staff involved in the transflusion process should be trained and assessed. It is for individual Trust to make their own arrangement for implementing the guidance.

This document sets out what the NBTC consider to be necessary requirements for training; it is not intended to be prescriptive about implementation at a local level.

The term 'must' is used where there is an absolute requirement for a framework to implement the guidance. The word 'abolid' is used where a certain course is strongly advised but local policies or extenuating circumstances may allow variation with documented rationals. The word 'may' is used where an action is suggested as best or acceptable practice/out amenabal to local interpretation.

NBTC Requirements for Training and Assessment in Blood Transfusion version 1 March 2016

Training and assessments must be performed against NBTC National Standards and Key Learning Outcomes to facilitate transferability between Trusts.

SW RTC Observed Competency Framework

Four Blood Component Standards:

- Sampling
- Pre-collection
- Collection
- Administration
- Based on NBTC National Standards
- One side per Standard
- Standards broken down into discreet sections
- Adaptable to requirements of individual Trusts

Blood Transfusion: Sampling			
Candidate	Assessor		
name: Job title:	name: Job title:		
Job title:	Job title:		
Signed:	Signed:		
Trust/organisation:	Date of assessment		
PASS	FAIL		
The candidate has passed an observed assessment of competence in pre-transfusion blood sampling: it is their responsibility to ensure they do all of these steps for every pre-transfusion sample they obtain.			
► Candidate is competent in venepuncture: Y N			
Observed assessment			
Core identifiers: last name, first name, date of birth, unique patient ID number			
[,or in an emergency where patient identity is unknown, alternate unique identifiers as per local policy]			
Action: Circle Y or N here to indicate whether or not action was performed ↓			
 Collecting/completing the transfusion request form Candidate ensured all patient core identifiers and mandatory fields are completed on the request form, and takes this to the patient's side 		٧	N
the request form, and takes this to the patient's side 2. Identification of the patient			IN
a) Conscious inpatient:			
Candidate asked the patient to state their last name, first name, and date of birth		Y	N
Candidate checked these all match the patient's wristband/risk assessed equivalent Candidate checked all patient core identifiers match those on the request form		Y	N N
Or			
b) Unconscious / emergency unknown inpatient: Candidate checked all patient core identifiers on the patient's wristband/risk assessed		v	N
equivalent match those on the request form		١.	14
c) Outpatient / community:			
Candidate asked the patient (or parent/carer if the patient is unable to respond) to state		Υ	N
their last name, first name, and date of birth Candidate checked these match details on the request form		Υ	N
Taking and Labelling the blood sample			
Candidate bled one patient, and then labelled the sample at the patient's side in one continuous, un-interrupted process		N	
Sample labelled by the sample taker in hand-writin			
'on demand' at the <u>patient's side</u> by the sample taker Sample labelling included all patient core identifiers taken from patient's wristband/risk		Y	N
Sample labelling included all patient core identific assessed equivalent wherever present	ers taken from patient's wristband/risk	Υ	N
Sample labelling included date and time sample w	as taken	Υ	N
Sample labelling included signature/identity of the		Ý	N
4. Completing the transfusion request for		Υ	N
Candidate wrote the date and time sample was tal Candidate printed and signed their name on the re		Ý	N

Candidate should explain what they are doing when it is not an observable action
All of the above must be achieved in this order to pass the observed assessment

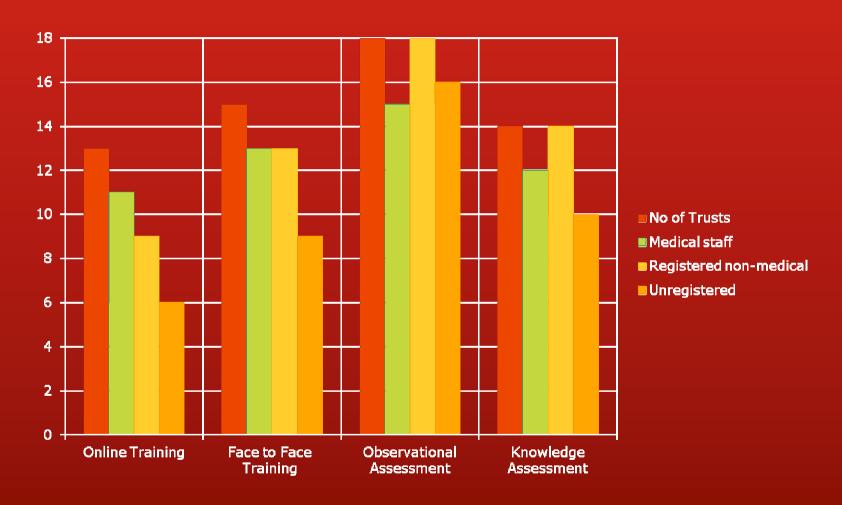
Training & Assessment Questionnaire

18 Responses received:

- Yeovil District
- •Salisbury
- **O**Poole
- •Weston General Hospital
- **O**UH Bristol
- ONorthern Devon Healthcare Trust
- •Royal United Hospital Bath
- ORoyal Devon and Exeter
- •Plymouth Hospitals
- Taunton
- Great Western Hospitals
- •Royal Bournemouth & Christchurch
- Gloucestershire Hospitals
- ONorth Bristol
- •Royal Cornwall Hospitals
- •Cornwall Partnership
- Eastern & Mid Devon Community Hospitals*
- Somerset Partnership*

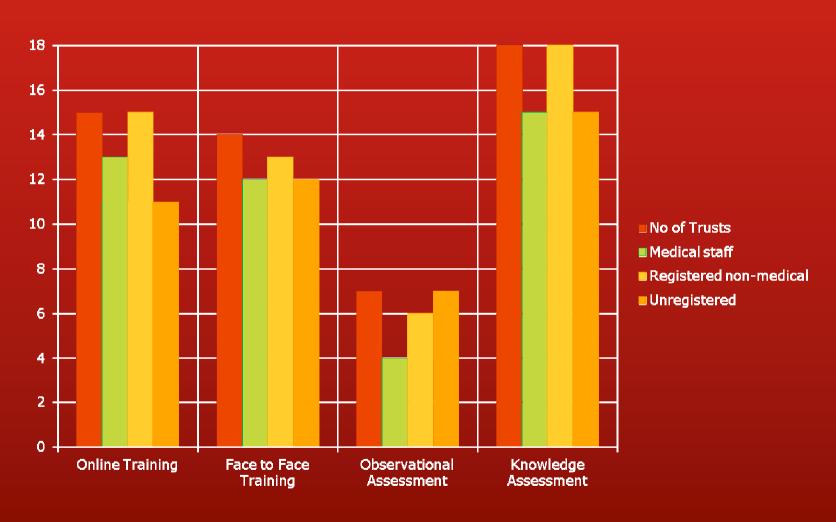
^{*} Two organisations do not manage medical staff training / assessment

Initial Training & Assessment

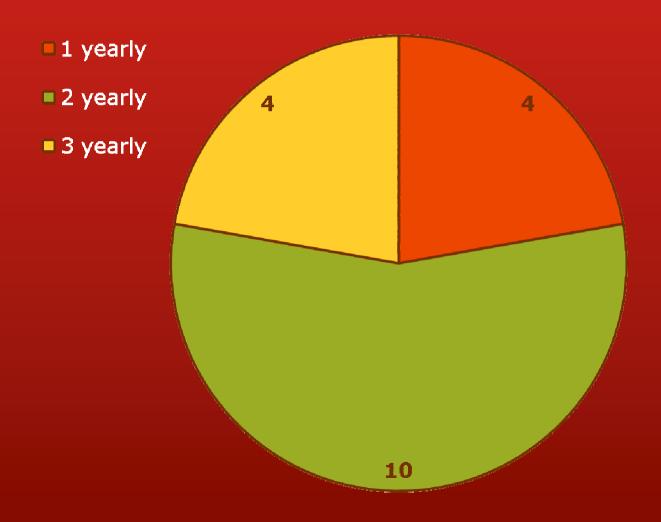


7/18 (39%) organisations use the RTC framework for observed competency assessments

Update Training and Assessment



Frequency of Update Training



Update Training Variability

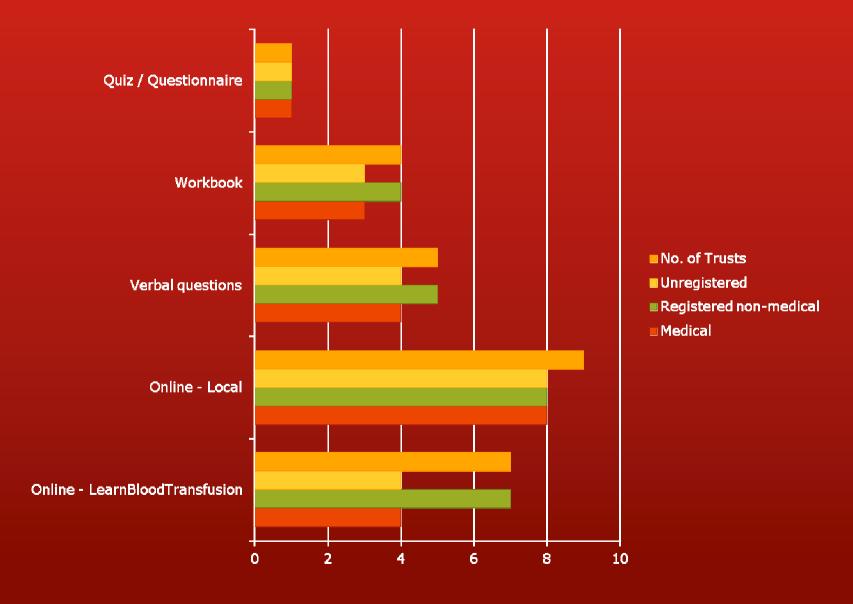
Online training (15 organisations):

- •Local package = 9/15
- •LearnBloodTransfusion= 7/15

Face to face training (14 organisations):

- •Medical = 20 mins 1 hour
- •Registered non-medical = 30 mins 3.5 hours
- Ourregistered = 30 minutes − 2.5 hours

Ongoing Knowledge Assessment



Further Work

 94% of TPs willing to work towards regional knowledge based competency standards

Consent sticker

- 33% TPs interested in development of consent sticker
- 17% unsure if this would be of use
- 50% would not use a consent sticker

Transfusion Record for patient notes

- 39% TPs interested in development of transfusion record
- 33% unsure if this would be of use
- 28% would not use a transfusion record